



WORKING TOGETHER TO PREVENT SUICIDE IN CANADA

THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION

2018 PROGRESS REPORT



Government
of Canada

Gouvernement
du Canada

Canada

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MINISTER'S MESSAGE

I am pleased to share the *2018 Progress Report on the Federal Framework for Suicide Prevention*.

Preventing suicide is a complex national challenge—and it requires a coordinated, comprehensive response across a variety of sectors, all levels of government and within communities.

Promoting positive mental health and preventing suicide is an important priority for me and our Government. From experience, I know how important it is to enhance mental wellbeing while improving access to services to prevent suicide. We need to continue collective actions that raise awareness, promote mental health, address factors associated with suicide, and advance efforts towards prevention, treatment and recovery.

As Minister of Health, I will continue to be a champion for suicide prevention and mental health, including on the international stage as co-founder of the Alliance of Champions for Mental Health and Wellbeing. I am committed to listening and

responding to the experiences and needs of individuals, families and communities most impacted by suicide.

We have made progress over the past two years, but there is still a lot of work ahead of us.

I am optimistic that through our continuous, collective and collaborative efforts, we can work towards a Canada where suicide is prevented and everyone lives with hope and resilience.



**THE HONOURABLE
GINETTE PETITPAS-TAYLOR**
Minister of Health

EXECUTIVE SUMMARY

An Act respecting a Federal Framework for Suicide Prevention became legislation in 2012, requiring the Government of Canada to work with partners on the development of the **Federal Framework for Suicide Prevention** (Framework). Published in 2016, the Framework sets out the Government of Canada's guiding principles and strategic objectives in suicide prevention. It focuses on raising awareness and reducing stigma, better connecting people to information and resources, and accelerating innovation and research to prevent suicide.

The Act requires the Government of Canada to provide Canadians with a report on progress and activities every two years. The **first progress report** was released in 2016.

This second report provides an update on suicide prevention initiatives underway across federal departments and agencies, including with key partners and communities. It begins with a summary of the Framework: At a Glance, presenting its vision, strategic objectives and guiding principles. It then touches on the

changing landscape, which reflects the evolution of our understanding of suicide prevention, including an increased emphasis on life promotion, a holistic approach to maintain and improve mental wellness, stronger partnerships with Indigenous leadership, and increased engagement of people with lived experience. It also presents recent statistics about suicide.

This report then highlights activities from November 2016 to November 2018 that aim to:

- promote mental health,
- reduce stigma and raise public awareness,
- connect Canadians, information and resources, and
- accelerate research and innovation in suicide prevention.

The report concludes with a section on next steps going forward. The suicide prevention and life promotion activities highlighted in this report are wide ranging, but share a common thread—the need to continue to collaborate and learn from each other.

THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION (2016): AT A GLANCE

VISION		
A Canada where suicide is prevented and everyone lives with hope and resilience.		
MISSION		
To prevent suicide in Canada, through partnership, collaboration and innovation while respecting the diversity of cultures and communities that are touched by this issue.		
PURPOSE		
To guide the federal government's efforts in suicide prevention through implementation of <i>An Act respecting a Federal Framework for Suicide Prevention</i> (2012).		
STRATEGIC OBJECTIVES		
» Reduce stigma and raise public awareness.	» Connect Canadians, information, and resources.	» Accelerate the use of research and innovation in suicide prevention.
LEGISLATED ELEMENTS (SECTION 2 OF THE ACT)		
» Provide guidelines to improve public awareness and knowledge of suicide.	» Disseminate information about suicide and its prevention. » Make existing statistics about suicide and related risk factors publicly available. » Promote collaboration and knowledge exchange across domains, sectors, regions and jurisdictions.	» Define best practices for suicide prevention. » Promote the use of research and evidence-based practices for suicide prevention.
GUIDING PRINCIPLES		
» Build hope and resiliency. » Promote mental health and wellbeing. » Complement current initiatives in suicide prevention. » Be informed by current research and best available evidence. » Apply a public health approach. » Leverage partnerships.		
FOUNDATION		
<i>Changing Directions, Changing Lives: A Mental Health Strategy for Canada</i>		



THE CHANGING LANDSCAPE

In 2016, the *Federal Framework for Suicide Prevention* highlighted the complexity of preventing suicide. It noted that a combination of biological, psychological, social and cultural factors plays a role, that no single cause can predict suicide and that effective suicide prevention requires a multifaceted, comprehensive approach.^{i,ii}

Since the release of the Framework, our understanding of suicide and its prevention, as well as the broader mental health landscape, has evolved in four key ways:

1. Shifting to Life Promotion

Suicide prevention efforts across Canada and internationally are moving towards an approach that promotes life. In Canada,

Indigenous frameworks, such as the *First Nations Mental Wellness Continuum Framework* highlight life promotion as a key principle to guide suicide prevention in First Nations communities and have recently been showcased as a best practice for others working in suicide prevention.ⁱⁱⁱ Internationally, Australia's *Living is for Everyone (LIFE) Framework* supports national action to prevent suicide and promote mental health and resilience.^{iv} Life promotion^v moves beyond the goal of preventing suicide deaths and aims to build strength and empower one's sense of belonging, meaning and purpose in life. Building from individual and community strengths is consistent with the promotion

of positive mental health. It draws attention to the quality of one's life, capability and potential contributions and opportunities.^{vi}

2. Developing a holistic approach to maintain and improve mental wellness

National and international suicide prevention efforts are also moving towards holistic approaches to optimize mental health and prevent suicide. The World Health Organization's (WHO) **Preventing Suicide: A Global Imperative** report, recommends a comprehensive approach to suicide prevention, which is not only addressed by the health sector, but also involves the education, labour, justice, social welfare and other sectors.^{vii} These efforts need to take place along the continuum of health promotion, prevention and treatment while addressing the broader social determinants of health across the life course.^{viii,ix} The broader social, economic and environmental factors that shape mental health have come to greater prominence through the recent work of the WHO Commission on the Social Determinants of Mental Health^x and the Lancet Commission on Global Mental Health and Sustainable Development.^{xi} The

Lancet report strongly recommends a public health approach and a social-determinants-of-health lens to understand and address mental illness and suicide, particularly the disproportionate rates among certain groups.

3. Strengthening partnerships with Indigenous leadership

Indigenous organizations have developed frameworks and strategies, including the **First Nations Mental Wellness Continuum Framework** and the **National Inuit Suicide Prevention Strategy**, which provide coordinated, comprehensive, evidence-based approaches to mental wellness and life promotion, acknowledging the important role of Indigenous determinants of health such as culture, traditions and language.

The *First Nations Mental Wellness Continuum Framework* provides an understanding of the holistic nature of mental wellness, focussing on the interconnectedness between purpose in one's life, a sense of meaning, hope for the future and a sense of belonging within families, communities and culture.^{xii} It is a resource for partners seeking to work effectively within a comprehensive mental wellness system with First Nations

communities. Similarly, the Inuit Tapiriit Kanatami's *National Inuit Suicide Prevention Strategy* provides a common understanding of the context for suicide in Inuit communities and guidance to inform evidence-based solutions for addressing risk factors for suicide among Inuit. This framework and strategy provide a foundation for exploring the co-development of distinctions-based programs and interventions that are culturally appropriate and best meet the needs of the Indigenous communities. Currently there are no Métis Nation-specific mental wellness or suicide prevention strategies in place. The Government of Canada is currently working with the Métis Nation to explore the development of a Métis Nation-specific strategy, which will be responsive to the unique needs of the Métis people. This strategy will leverage and build upon the existing health and wellness programming being provided by Métis Nation Governing Members.

4. Engaging people with lived experience

Effective suicide prevention efforts also require collaborative partnerships with communities^{xiii,xiv} and people with lived experience, including people bereaved by suicide loss, people impacted by suicide attempt, and people living with mental illness.^{xv} Their perspectives help to inform suicide prevention efforts and programming to best meet the needs of people who need support. Lived experience can help us better understand the multi-dimensional aspects of suicide and improve the way we address the root causes. Suicide prevention approaches that consider people's identities and experiences, including their age, gender, ethnicity, sexual identity and orientation, and disability, are likely to be more effective.

The progress made since the 2016 release of the *Federal Framework for Suicide Prevention* reflects this changing landscape and has also contributed to it. As we move forward, the Government of Canada will look for opportunities to apply emerging evidence in efforts in life promotion and suicide prevention.



FACTS ABOUT SUICIDE IN CANADA

Suicide is a **PREVENTABLE** complex public health issue that affects Canadians of all ages, sexes, ethnicities, income levels, and regions.

SUICIDE-RELATED BEHAVIOURS^{xvi}

1. THOUGHTS

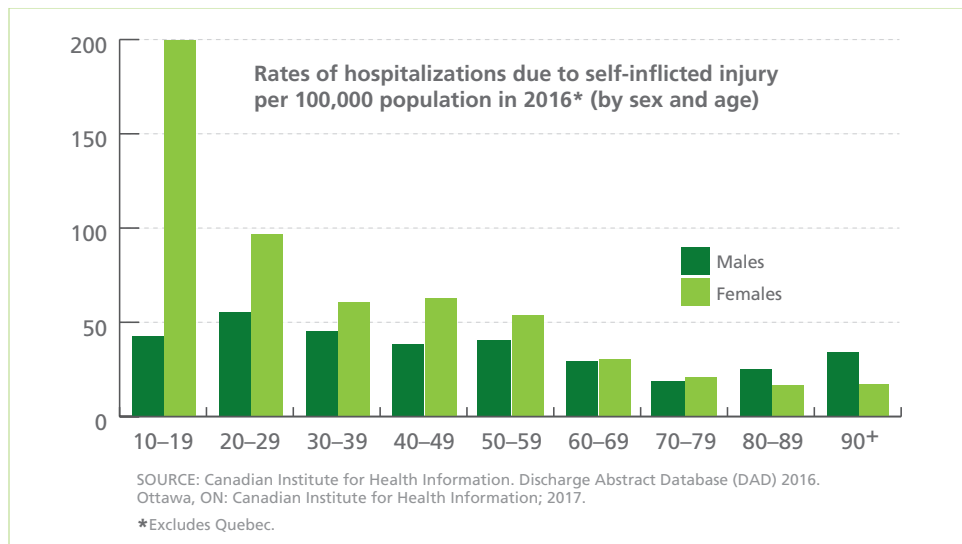
- In the Canadian Community Health Survey (CCHS) 2015, **12.3%** of Canadians aged 15 years and older report having thoughts of suicide in their lifetime.
- In CCHS 2015, **2.5%** of Canadians aged 15 years and older reported having thoughts of suicide in the previous year.
- 16% of Métis individuals ages 18–25, and 19.6% individuals aged 26–59, experienced thoughts of suicide in their lifetime.^{xvii,xviii}

2. PLANS

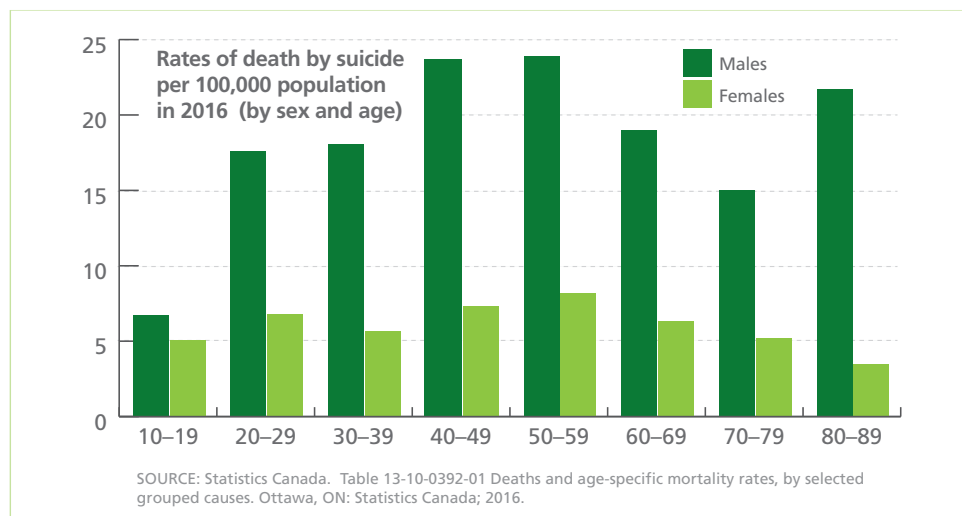
- In CCHS 2015, **4.5%** Canadians aged 15 years and older report that they have made suicide plans in their lifetime.
- People in lower income groups are more likely to report that they have made suicide plans in their lifetime: **7%** in the lowest income group compared to 3% in the top income group.

3. ATTEMPTS

- In CCHS 2015, **3.4%** of Canadians aged 15 years and older report having attempted suicide in their lifetime.
- People born in Canada are **3 times** more likely to report ever attempting suicide than those who are immigrants.
- Women are approximately **2 times** more likely to be hospitalized due to intentional self-injury in comparison to men (Canadian Institute for Health Information. Discharge Abstract Database (DAD) 2016).^{xix}



DEATHS BY SUICIDE^{XX}



- For the last 15 years, from 2001 to 2016: on average, **11** people died by suicide **EACH DAY**.
 - That is about **4,000** deaths by suicide per year.
- 1/3 of suicide deaths are among people 45-59 years of age.
- Suicide is the **SECOND** leading cause of death among children and young adults (10 to 29 years), after accidents.
- Men have a **3 time** higher rate of suicide compared to women.
- The risk of suicide is **OVER 6 times** higher for men aged 80 years and older than women aged 80 years or older.



REPORT ON PROGRESS

This report highlights federal actions contributing to suicide prevention from November 2016 to late November 2018 under three strategic objectives: reducing stigma and raising public awareness, connecting Canadians to information and resources, and accelerating research and knowledge. In keeping with the changing landscape and an evolution towards life promotion and holistic approaches to improve mental wellness, the report will begin with describing federal efforts that focus on promoting mental health.

Promoting mental health

Promoting positive mental health helps strengthen protective factors, like resilience and coping skills, while also helping to reduce the risk factors for mental illness and suicide across the life course. The Government of Canada is undertaking several activities in this area.

Innovative population health interventions

The Public Health Agency of Canada's Innovation Strategy supports population health intervention research on promising mental health promotion interventions for

children, youth, young adults and their caregivers. In 2018/19, the Innovation Strategy is funding three projects to scale up evidence-based population health interventions that help children, youth and families achieve positive mental health. One of these projects includes suicide prevention programming as part of their intervention: ***Listening to One Another to Grow Strong: Culturally-Based, Family Centered Mental Health Promotion for Indigenous Youth***, a community-based program that promotes mental health and contributes to the prevention of suicide in Indigenous youth. The Public Health Agency of Canada recently announced a new funding opportunity under the Mental Health Promotion Innovation Fund, which will support innovative projects that promote child and youth mental health.

Mental health promotion and suicide prevention among seniors

The Public Health Agency of Canada hosted a series of webinars on mental health promotion and suicide prevention among older adults including: ***Mental Health First Aid (MHFA) for Seniors*** in

partnership with the Mental Health Commission of Canada; ***The Fountain of Health Initiative for Optimal Aging***—An innovative approach for mental health promotion; and ***Suicide prevention among older adults***: Enhancing meaningful living in one of Canada's forgotten populations.

RESOURCES FOR SENIORS AND THEIR CAREGIVERS

The Public Health Agency of Canada supported a collaboration between the Canadian Coalition for Seniors Mental Health and Shoppers Drugmart to develop resources for seniors and their families to increase awareness of mental health concerns among seniors including ***depression*** and ***suicide prevention***. A continuing education module for Pharmacists was also part of this initiative.



Providing mental health support to federal employees

Health Canada provides services under the Employee Assistance Program to 84 federal departments and agencies. In 2017, Health Canada launched a partnership with **LifeSpeak**, a video library of expert-led, health and wellness information that provides resources on mental health related topics including suicide. LifeSpeak provides these video resources to employees, including Veterans and former RCMP members, and their families.

Mental health supports for newcomers

Immigration, Refugees and Citizenship Canada has enhanced existing programs and introduced new ones to provide greater support for the mental health and wellbeing for newcomers to Canada. Through its Settlement Program, funded service provider organizations deliver non-clinical mental health-related supports to respond to the need of vulnerable groups, particularly women, youth, seniors and refugees. Programming also includes short-term crisis

counselling and referrals for newcomers requiring trauma counselling. Immigration, Refugees and Citizenship Canada also partnered with the Centre for Addictions and Mental Health to develop resources and online training for settlement workers.

Data on positive mental health

The Public Health Agency of Canada has released the **Positive Mental Health Indicator Framework** and accompanying **Infobase**, which provides information on positive mental health outcomes and associated risk and protective factors for youth and adults.

Related products include: **A Positive Mental Health Social Support Infographic; Measuring Positive Mental in Canada: Myths and Facts Infographic; Positive Mental Health of Youth;** and the **Positive Mental Health Data blog.**

The Public Health Agency of Canada is also collaborating with the **Canadian Longitudinal Study on Aging**, an initiative funded by the Canadian Institutes of Health Research, to include new positive mental health content.



Reducing Stigma and Raising Public Awareness

Raising public awareness about suicide can play a vital role in reducing stigma so that people can better access support. The Government of Canada and its partners are undertaking a number of efforts in this area, including developing training resources and improving workplace wellbeing.

Promoting safe messaging

The Public Health Agency of Canada is working with partners, including the Centre for Suicide Prevention, l'Association québécoise de prévention du suicide and people with lived experience, to develop safe messaging resources that promote responsible and effective communication about suicide. These resources help address stigmatizing language

and equip people with knowledge and tools for seeking help or lending support when needed. Guidance for **public communication about suicide** and its prevention are available on Canada.ca.

MEDIA GUIDELINES FOR REPORTING ON SUICIDE

The Canadian Psychiatric Association released an update to their **Media Guidelines on Reporting on Suicide** in collaboration with media and the Canadian Armed Forces.

The Canadian Armed Forces provided advice on how to report when a death by suicide occurs given the potential for suicide contagion.

Efforts to raise awareness and address stigma

The Mental Health Commission of Canada has launched a social media campaign **#sharehope/#partagezespoir** to raise awareness and create a space to share messages of hope related to suicide and its prevention. It also held a series of suicide-related webinars, including English-language **webinars** on suicide prevention in the workplace, setting research priorities, building a safety plan, and safe messaging. French-language webinars were held on best practices in suicide prevention and safe messaging.

Raising awareness among federal employees

Health Canada in partnership with the Mental Health Commission of Canada provides mental health awareness training to federal employees, including **"The Working Mind"** and **"Mental Health First Aid"**. Stigma reduction is one of the fundamental goals of both programs.

The Government of Canada is implementing legislative changes to the *Canada Labour Code* and associated regulations to strengthen its response to harassment in the workplace through improved training, reporting and response times. To complement the updated legal framework, **awareness and outreach campaigns** are underway.

The Royal Canadian Mounted Police (RCMP) has introduced **several initiatives** to create greater awareness of suicide prevention and improve crisis intervention. This includes training to reduce stigma and help RCMP employees recognize the factors associated with suicide, as well as resources to support workplace mental well-being and information on where to seek support. The RCMP also delivers training for employees who are likely to encounter people living with serious mental stress or considering suicide. Its *Suicide Prevention, Intervention and Risk Review Guide* creates greater awareness of suicide prevention and ensures that members and employees affected by suicide in the workplace are offered support.

Enhancing railway safety for Canadians

Transport Canada has invested in projects to improve the safety and security of Canadians on railways, including to reduce incidents of self-harm and suicide. This includes support to VIA Rail Canada for a one-year suicide prevention awareness project on high-risk and high-incidence areas, and to Operation Lifesaver to deliver a national, public information and education campaign on the reduction of railway-grade crossing collisions and trespassing incidents on railway property, particularly in high-risk areas.

RESOURCES THAT RAISE AWARENESS

The Mental Health Commission of Canada partnered with the Centre for Suicide Prevention and the Canadian Association for Suicide Prevention to develop factsheets on **Bullying and Suicide, Trauma-Informed Care and Suicide, and Injury Prevention and Suicide.**

A second series is under development addressing gender minorities, sexual minorities and older adults.

The Mental Health Commission of Canada also partnered with York Regional Police, the Motorola Foundation and the Canadian Police Knowledge Network to develop and deliver training on **suicide awareness and prevention for first responders.**



Connecting Canadians, Information and Resources

The Government of Canada continues to support a number of initiatives that connect Canadians to information and resources on suicide and suicide prevention, including improving access to mental health services and supports.

Improving mental health services

In 2017, the Government of Canada reached an agreement on **Shared Health Priorities** with provinces and territories that will see dedicated investments in mental health over the next 10 years. This includes \$5 billion of new, targeted funding to support provinces and territories in improving access to mental health and addiction services.

Of the agreements signed between the federal government and provincial/territorial governments, two jurisdictions have included suicide prevention activities in their agreements:

- Northwest Territories is developing a **Territorial Suicide Prevention and Crisis Support Network** to support suicide prevention activities in communities and provide expert and timely intervention in times of crisis.
- Saskatchewan will **support community-developed strategies** to prevent suicide and build clinical capacity to assess and treat mental health concerns in children and youth.

The Canadian Institute for Health Information is working on the development of six common

indicators focused on measuring access to **mental health and addictions services** for this initiative, including self-harm and suicide. The indicators were selected through rigorous consultations and approved by respective ministers of health.

RESOURCES FOR HEALTH CARE PROVIDERS

The Mental Health Commission of Canada partnered with the Canadian Association for Suicide Prevention and mdBriefCase to develop suicide prevention training for healthcare professionals and direct service workers:

- The **module for family physicians** is accredited by the College of Family Physicians Canada. The **French module for family physicians** is accredited through the Fédération des Médecins Omnipraticiens du Québec.
- The **module for nurses** is accredited through the Canadian Nurses Association.

Addressing Indigenous mental wellness

In June 2016, a Government of Canada investment of \$69 million over 3 years was announced to meet the immediate mental wellness needs of First Nations and Inuit communities, including suicide prevention. Indigenous Services Canada is working with regions and communities to enhance capacity to provide essential mental health services that respond to ongoing crises. Crisis response capability has expanded across Canada and 344 First Nations and Inuit communities now have access to federally funded mental wellness teams up from 86 previously.

In Budget 2017, an additional \$204 million over 5 years was announced to build on progress made, including through on-the-land activities and culture-as-medicine. Budget 2018 included an investment of \$1.5 billion over five years to keep First Nations and Inuit families healthy in their communities with \$200 million over five years and \$40 million per year ongoing targeted to the delivery of culturally appropriate substance use treatment and prevention services in communities with high need.

The Government of Canada has also committed to the full implementation of Jordan's Principle, and in so doing, is providing funding coverage for any health, social and/or educational service, support or product, required by a First Nations child. In the case of supporting mental health therapy, this includes, land based activities, suicide intervention and prevention, counselling including for sexual abuse, youth engagement specialists, and traditional healing. Implementation of Jordan's Principle has provided services where they did not previously exist, and is another way that gaps in services are being addressed.

In April 2017, the Prime Minister and the President of the Métis National Council and its governing members signed the Canada-Métis Nation Accord. Efforts are underway to address specific needs of the Métis Nation for mental wellness and suicide prevention supports under the Accord.



RESOURCES FOR PEOPLE IMPACTED BY SUICIDE

The Mental Health Commission of Canada, in collaboration with the Canadian Association for Suicide Prevention, Centre for Suicide Prevention and the Public Health Agency of Canada has developed toolkits to **support people who have been impacted by suicide loss or a suicide attempt**. The toolkits provide information and resources. Their development was informed by people with lived experience.

Supporting a pan-Canadian suicide prevention service

The Public Health Agency of Canada is supporting the development of the **Canada Suicide Prevention Service** through Crisis Services Canada. The Service will provide confidential, 24/7, bilingual crisis support for people across Canada using the technology of their choice: voice, text or chat. A fully operational service is anticipated in 2019.

Crisis Services Canada is collaborating with the Hope for Wellness Help Line and Kids Help Phone to connect people to the appropriate supports to help prevent suicide.

Suicide prevention strategy for Military members and Veterans

The *Canadian Armed Forces-Veterans Affairs Canada Joint Suicide Prevention Strategy* (2017) outlines a comprehensive approach to suicide prevention for military members and Veterans. It is aligned with the approach set out in the *Federal Framework for Suicide Prevention* and identifies suicide as a serious public health issue. It outlines an approach to help reduce risks, build resilience and prevent suicide among military members and Veterans, as detailed in two Action Plans developed by the Canadian Armed Forces and Veterans Affairs Canada.

Some of the actions in the Veterans Affairs Canada Action Plan include: a new **Veterans Emergency Fund**, the **Veteran Family Program**, new **Education and Training Benefit** and online support for Veteran families and caregivers.

RESOURCES FOR CLINICIANS

The Canadian Armed Forces, in collaboration with the Canadian Psychiatric Association, published a *Clinician Handbook on Suicide Prevention*, an evidence-based resource for health care providers to identify, assess and manage the risk of suicide. A companion guide was developed to provide an easy to use reference.

All mental health clinicians working in the Canadian Armed Forces are being trained in Cognitive Behaviour Therapy, as it has shown promise in decreasing suicide ideation. Several screening and risk assessment tools have also been standardized for use in the Canadian Armed Forces.



Improving support for public safety personnel

Public safety personnel are repeatedly exposed to traumatic incidents over the course of their daily work, which in turn is a risk factor for poor mental health and suicide. Public Safety Canada is **addressing post-traumatic stress injuries among public safety personnel** by supporting the Canadian Institute for Public Safety Research and Treatment (CIPSRT) on the development of an Internet-based Cognitive Behavioural Therapy that will provide greater access to care. CIPSRT is facilitating the training of public safety officers on the Canadian Armed Forces' **Road to Mental Readiness** program to increase mental health awareness and increase resiliency in public safety personnel.

Connecting with partners

The Government of Canada supports collaborative approaches to suicide prevention in order to improve information sharing and facilitate opportunities for partnership. The Public Health Agency of Canada chairs the Federal Coordinating Committee for Suicide Prevention, a committee comprised of representatives from federal departments and agencies working in the area of mental health and suicide prevention. The National Collaborative for Suicide Prevention is co-chaired by the Mental Health Commission of Canada, Canadian Association of Suicide Prevention and the Public Health Agency of Canada. The Collaborative is a national forum comprised of organisations working in suicide prevention and people with lived experience.

Sharing data with Canadians

Statistics Canada collects data on suicide thoughts and attempts as well as mental health characteristics through the Canadian Community Health Survey, the Canadian Health Survey on Children and Youth and the Aboriginal Peoples Survey. It also produces key indicators such as the **mortality rate and potential years of life lost** from suicide.

Statistics Canada's recent reports related to suicide include:

- *Acute care hospitalization of Aboriginal children and youth*
- *Acute care hospitalizations for mental and behavioural disorders among First Nations people*
- *Depression and suicidal ideation among Canadians aged 15 to 24*

In 2017, the Public Health Agency of Canada published the **Suicide Surveillance Indicator Framework**, a set of comprehensive indicators including suicide deaths, attempts and ideation as well as risk and protective factors at the individual, family, community and societal level. An accompanying InfoBase (searchable, online database) will be available in spring 2019, providing data on suicide outcomes and risk/protective factors broken down by key demographic characteristics. The Public Health Agency of Canada also developed a **Suicide Data blog**.



Accelerating Research and Innovation in Suicide Prevention

The Government of Canada continues to support research on effective interventions and best practices to move the field of suicide prevention forward while also addressing gaps in data.

Establishing a shared Canadian research and knowledge translation agenda on suicide and its prevention

The Public Health Agency of Canada and Mental Health Commission of Canada are co-leading an initiative to build a shared Canadian research and knowledge translation agenda on suicide and its prevention. The initiative will align suicide research in Canada and bring evidence to

communities. The agenda is being informed by a **literature review** as well as input from mental health and suicide prevention stakeholders, including researchers, service providers, people with lived experience and policy makers. It has also been guided by a National Research Advisory Committee on Suicide and its Prevention.

Roots of Hope: A community suicide prevention project

The Mental Health Commission of Canada has launched the **Roots of Hope: A Community Suicide Prevention Project** to reduce the impact of suicide in Canadian communities. This project builds on community expertise to implement relevant evidence-based suicide prevention interventions.

Research demonstration projects in Newfoundland and Labrador, New Brunswick, and Saskatchewan have been launched and an additional site has been confirmed in Alberta. Meetings with local community leaders, people with lived experience and decision makers have been organised in four of the confirmed sites to form community groups, identify priorities and develop community specific action plans.

SUICIDE PREVENTION IN THE NORTH

In 2017, the Canadian Institutes of Health Research in collaboration with the Government of Nunavut, Nunavut Tunngavik Inc., Health Canada and the Mental Health Commission of Canada hosted a knowledge exchange forum in Iqaluit titled "Suicide Prevention in the North." The forum brought together key stakeholders from across federal, provincial and territorial governments to gain a more comprehensive understanding of the priorities of northern indigenous communities regarding community-based life promotion and suicide prevention interventions.



SUICIDE DATA FINDINGS

The Public Health Agency of Canada released **Suicide and self-inflicted injury hospitalizations in Canada (1979 to 2014/15)**, which found that the Canadian suicide rate (age and sex standardized) had decreased from 14.4 per 100,000 in 1979 to 10.4 per 100,000 in 2012. The Agency also contributed to a significant paper describing global patterns of suicide from 1990 to 2016, in collaboration with the Global Burden of Disease Study with the University of Washington's Institute of Health Metrics (pending final acceptance by BMJ).

The **Health Inequalities Data Tool** and report on **Key Health Inequalities in Canada** found higher rates of suicide in regions where many people identify as Inuit, First Nations and Métis, as well as in rural areas. Suicide rates are also higher among those living in lower income and education areas, as well as among people experiencing social and material deprivation. Suicide rates are consistently higher for men across all socio-economic and socio-demographic groups.

The 2017 **Veteran Suicide Mortality Study** examined Veterans released from the Canadian Armed Forces between 1976 and 2012. It found that both male and female Veterans were significantly more likely to die by suicide than the general Canadian population. Male Veterans were at highest risk of suicide in the youngest age groups, with the risk decreasing with age. The suicide risk in female Veterans did not change with age.

Strengthening suicide data

The Public Health Agency of Canada leverages existing data sources and assesses the feasibility of using non-traditional approaches to complement ongoing suicide surveillance in Canada. This work will improve our understanding of suicide and inform suicide prevention initiatives.

The Public Health Agency of Canada continues to examine the use of new data sources to complement existing data and address gaps; for example, by working with the **Canadian Pediatric Surveillance Program** to collect information on suicide attempts among youth who are

admitted to the intensive care unit. Preliminary **findings** suggest that important differences exist between adolescent males and females with respect to mental health service use and means of self-inflicted injury.

Pan-Canadian health inequalities related to suicide

Through a collaboration between the Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada and the Canadian Institute for Health Information, an online, interactive **Health Inequalities Data Tool** and report on **Key Health Inequalities in Canada** were released. These tools looked at suicide rates and other related indicators, such as perceived mental health and hospitalizations for mental illness.

Understanding factors associated with suicide in Canadian Veterans

Veteran Affairs Canada's **Veteran Suicide Mortality Study** complements the new *Canadian Armed Forces—Veterans Affairs Canada Joint Suicide Prevention Strategy* by enhancing the understanding of factors associated with suicide among

Veterans and reporting on suicide trends over time to help inform suicide prevention activities.

Supporting research innovation in Indigenous communities

The Canadian Institutes of Health Research's Pathways to Health Equity for Aboriginal Peoples initiative aims to promote health equity among Indigenous peoples, including in the area of suicide prevention and mental wellness. Between December 2016 and October 2018, the initiative committed funding for two new Indigenous suicide prevention research projects.

In 2017, the Inuit Circumpolar Council, Inuit Tapiriit Kanatami and the Canadian Institutes of Health Research, with support from the Indigenous and Northern Affairs Canada and the Public Health Agency of Canada, hosted the **Rising Sun workshop**, the third in a series of collaborative workshops focussed on effective approaches to prevent suicide among Indigenous peoples in the circumpolar region.

In 2018, through its membership on the Global Alliance for Chronic Diseases, the Canadian Institutes of Health Research and the

National Natural Science Foundation of China committed co-funding for an implementation science project focused on suicide prevention in Ningxia, China and Nunavut, Canada.

RESOURCES FOR FIRST NATIONS COMMUNITIES

As part of Indigenous Service Canada's **National Aboriginal Youth Suicide Prevention Strategy**, an advisory group of leaders in Indigenous mental health, national Indigenous organizations and Indigenous youth coordinated through the University of Victoria has been updating the 2003 resource *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. The aim of this process is to gather and disseminate "wise practices" on community-based First Nations suicide prevention and life promotion initiatives. The first "**wise practices**" update phase is available online.

Supporting research to improve mental health services and care

The Canadian Institutes of Health Research, in partnership with the Graham Boeckh Foundation, continues to support **ACCESS Open Minds**, a national project that is transforming the way youth (aged 11 to 25) access mental health care by developing and testing innovative evidence-informed approaches. Facilitated by the ACCESS Open Minds network, there are currently 14 sites operating in six provinces and one territory. These sites have transformed youth mental health services in diverse ways based on local context. For example, in Ulukhaktok, a remote community in the Northwest Territories where professional service providers are not always available, the site is evaluating a model where lay health workers are trained to provide support to youth in distress.

The Canadian Institutes of Health Research is partnering with the Rossy Family Foundation on the **Transitions in Care Evaluation Grant** funding opportunity to support evidence-based solutions for on-campus post-secondary mental health services. The grants are designed to allow rigorous

evaluation of implemented mental health services available for students to address care transition challenges for individuals at risk of mental health problems or in need of on-campus mental health services, and/or for those individuals transitioning to and from community-based care programs. Proposals focused on suicide prevention are eligible to apply to the call.



GOING FORWARD


The federal government has made real progress in the last two years and has laid the foundation for many initiatives and collaboration across departments and with diverse partners. Work continues to promote mental wellbeing and prevent mental illness and suicide, particularly for populations with increased risk factors.

For example, the Correctional Service of Canada is developing a Suicide Prevention and Intervention Strategy, which will align with the public health approach outlined in the Federal Framework for Suicide Prevention. Through the Promoting Health Equity: Mental Health of Black Canadians initiative, launched in October 2018, the Public Health

Agency of Canada will be supporting Black Communities to develop and test more culturally focussed programs that address mental health and its key determinants.

Addressing Post Traumatic Stress Disorder (PTSD) is also a priority for the federal government. The Public Health Agency of Canada is working with federal partners, provinces and territories, and stakeholders to develop a Federal Framework on PTSD. The Minister of Health will table the Framework in the Parliament by December 2019, including how it aligns with federal suicide prevention activities.

Investments are also being made to gain a better understanding of



how to promote child and youth mental health. In particular, the Public Health Agency of Canada's Mental Health Promotion Innovation Fund, launched in October 2018, will support innovative projects that build protective factors and reduce risk factors to improve individual and population-level outcomes during the early years and for children, youth and young adults.

The Government of Canada will also continue to advance research and improved data to help guide our suicide prevention efforts. In order to facilitate better evidence-informed decision making, a system dynamics model of suicide prevention is under development with the University of Saskatchewan and a systematic review is being conducted on universal suicide prevention interventions in high-income Organisation for Economic Co-operation and Development (OECD) countries. An exploration of the use of non-traditional data sources using artificial intelligence (AI) and social media is also being developed. The goal of this pilot project will be to test the possibility of using AI

to identify and analyze patterns and trends associated with suicide-related discussions on social media by sex, age group, and ethnicity. In addition, through Budget 2018, the Government of Canada proposed funding to the Canadian Institutes of Health Research and the Canadian Institute of Public Safety Research and Treatment to support a new national research consortium focussed on post-traumatic stress injuries which often present with secondary issues, like depression and suicide ideation.

Looking forward, the Government of Canada will continue efforts to promote positive mental health and prevent suicide across Canada. There is increasing recognition that policies and programs that enhance broader social and economic factors, including those that reduce poverty, provide education opportunities and improve access to housing, are likely to yield better results. We will continue to work together with more emphasis on life promotion and a holistic view of mental health for improving people's wellbeing and building resilient communities across Canada.

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