The National Suicide Prevention Action Plan 2024-2027

Working together on life promotion and suicide prevention

Government of Canada
Gouvernement du Canada

Canada

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

—Public Health Agency of Canada

Également disponible en français sous le titre :
Plan d'action national pour la prévention du suicide 2024-2027: Travailler ensemble à la promotion de la vie et à la prévention du suicide.

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Publication date: June 2024

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Cat.: HP35-184/2024E-PDF
ISBN: 978-0-660-71608-4
Pub.: 240110

Note to readers

The Government of Canada recognizes that the topic of suicide may be sensitive for people.

The following resources are available for help and support. If you or someone you know is in immediate danger, please **call 9-1-1**.

9-8-8: Suicide Crisis Helpline[1]

If you or someone you know is thinking about suicide, call or text 9-8-8. Support is available 24 hours a day, 7 days a week. 9-8-8 offers support that is bilingual, trauma-informed, culturally appropriate, and available to anyone in Canada.

Kids Help Phone

Youth can access **Kids Help Phone** by calling **1-800-668-6868** (toll-free) or **text CONNECT to 686868**. Available 24 hours, 7 days a week to youth in Canada, aged 5 to 29, who want confidential and anonymous care from professional counsellors.

Hope for Wellness Helpline

First Nations, Inuit, and Métis Peoples can **call Hope for Wellness at 1-855-242-3310 (toll-free)** or connect via **chat at:** https://www.hopeforwellness.ca/. Experienced and culturally competent counsellors are available 24/7 to provide immediate emotional support, crisis intervention or referrals to community-based services. Services are available to all Indigenous people in Canada in English and French and, upon request, in Cree, Ojibway and Inuktitut.

[1] In Quebec, calls and text messages are redirected to existing services, namely the Quebec Suicide Prevention Hotline 1,866 APPELLE and the Service numérique québécois en prévention du suicide (Suicide.ca). Both services are available 24 hours a day, 7 days a week.

Minister's message

As Canada's Minister of Mental Health and Addictions, I am pleased to share Canada's first National Suicide Prevention Action Plan (the Action Plan). Each day, there are people living in Canada who struggle with their mental health and some people are thinking about ending their lives. When someone dies by suicide, the impacts ripple beyond the individual to family, loved ones, friends and community. Over the last year, I have had the privilege of meeting people of all ages and backgrounds across Canada. I have heard about their struggles including the ongoing crises in some Indigenous communities. While I know that these struggles can seem overwhelming at times, I have been inspired by the resilience of people across Canada. Our country has a wealth of experience and expertise that we need to harness to improve our collective wellbeing and reduce suicides. It is so important that we work together, across all orders of government, to share what is working and to tailor our efforts to support the unique needs of people across this country.

This Action Plan recognises that we need tangible actions and measurable results to improve suicide prevention in Canada to make a difference in the lives of Canadians. It is intended to help us work together across governments and civil society and by engaging Indigenous partners and other groups overrepresented in suicide rates to continue advancing priorities and actions, determine how we measure progress and impact while recognising that there is no "one size fits all" approach.

Leveraging the knowledge, experience and the work underway, this Action Plan provides a foundation for collaboration. I am pleased that collaboration on suicide prevention has already started. In March 2024, I met with my provincial and territorial colleagues to discuss the Action Plan. We agreed to a shared commitment to continue collaboration on suicide prevention, including on the Action Plan.

Governments are making progress. Recognising the pivotal role of provincial and territorial governments in delivering health care, the Government of Canada has made landmark investments in mental health and suicide prevention, including $25 billion investments to provinces and territories through bilateral agreements that include mental health care as one of the four priorities.

The federal government has also made suicide prevention a distinct priority, with a $177 million investment to support the launch of the 9-8-8: Suicide Crisis Helpline in Canada, now in place since November 30, 2023. We know that crisis support, while important, is not enough. We need to create the conditions in our communities so that people never need a suicide crisis line; and so that people know when and how to get help. We also need effective care and follow-up, including for people bereaved by suicide loss.

In recognition of mental health challenges faced by youth, through Budget 2024, the Government of Canada announced $500 million over five years for the creation of a new Youth Mental Health Fund to help young people in Canada access the mental health care they need. In addition, the Government of Canada announced $7.5 million over three years to support Kids Help Phone in providing mental health, counselling and crisis support to young people in Canada. In addition, the Government of Canada also announced $630.2 million over two years to support Indigenous people's access to mental health services, including through distinctions-based mental wellness strategies.

Together, we can improve suicide prevention and life promotion for all people in Canada.

The Honourable Ya'ara Saks
Minister of Mental Health and Addictions and
Associate Minister of Health

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Acknowledgements

The National Suicide Prevention Action Plan was developed in recognition of those lost by suicide, the many people in Canada who continue to struggle with serious thoughts of suicide, as well as their families, loved ones and communities.

We are deeply grateful for the commitment and involvement of the many partners and stakeholders who informed the development of this Action Plan. This includes, but is not limited to, federal government departments and agencies, non-governmental organizations, provincial and territorial governments[2], and suicide prevention experts, reflecting the diversity of Canada's geographical and social communities.

We also acknowledge the important work that Indigenous organizations are leading in their communities for suicide prevention and life promotion. We are grateful for the valuable insights shared by the Assembly of First Nations (AFN), the Inuit Tapiriit Kanatami (ITK), and the Métis National Council (MNC) and welcome further opportunities to continue learning from Indigenous partners and their experience.

We look forward to ongoing, meaningful collaboration with all partners and stakeholders as we implement this Action Plan.

Federal Departments and Agencies who contributed to the National Suicide Prevention Action Plan

- Agriculture and Agri-Food Canada (AAFC)
- Canadian Institutes for Health Research (CIHR)
- Correctional Service Canada (CSC)
- Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)
- Department of National Defence and Canadian Armed Forces (DND/CAF)
- Employment and Social Development Canada (ESDC)
- Health Canada (HC)
- Immigration, Refugees and Citizenship Canada (IRCC)
- Indigenous Services Canada (ISC)
- Public Health Agency of Canada (PHAC)
- Public Safety Canada (PS)
- Royal Canadian Mounted Police (RCMP)
- Statistics Canada (StatCan)
- Transport Canada (TC)
- Veterans Affairs Canada (VAC)
- Women and Gender Equality Canada (WAGE)

[2] Quebec does not adhere to this action plan since it already has its own action plans and priorities in this area and intends to fully exercise its responsibilities with regard to planning, the organization and management of health and social services in its territory.

I. Introduction

Suicide affects people of all ages and backgrounds. It does not distinguish between race, sex, gender identity, sexual orientation or cultural group, although some groups are more at risk, or have unique needs or protective factors[i]. The impact of suicide extends beyond individuals to families, loved ones and communities[ii]. There is no single cause that predicts, explains or prevents suicide and related behaviours. Suicide is the result of a dynamic interplay of multiple risk and protective factors. This makes it challenging to determine what works, for who and why regarding suicide prevention. However, there is much we know and many promising areas where, through collaboration and complementary actions with partners including professionals, community organizations and government agencies, we can collectively advance suicide prevention and life promotion in Canada.

Like many complex public health issues, suicide rates at a population level tend to be relatively slow to change and to maintain momentum, we will need to focus on more than decreasing the rate of suicide within communities[iii]. Canada needs a more comprehensive approach to measuring the impact of its suicide prevention interventions. As we move towards achieving the vision of a Canada where fewer lives are lost to suicide and life is promoted, we will also need to focus on supporting strengths and building and creating meaningful connections along our journey.

The Action Plan does not replace existing initiatives and strategies, including provincial and territorial and Indigenous-led strategies. Instead, it is intended to complement the work underway by identifying areas of shared interest that would benefit from increased collaboration, in order to have greater impact.

The Action Plan acknowledges and respects Indigenous rights to self-determination and recognizes existing Indigenous-led strategies that are tailored to the distinct, culturally-specific needs of First Nations, Inuit, and Métis communities. As we move forward in the implementation of this Action Plan, we will create space for continuing meaningful engagement with First Nations, Inuit, and Métis leaders, experts and communities across Canada to ensure that priorities and activities respect Indigenous knowledge, and the roles of youth, Elders and Knowledge Keepers.

As a first step, the Government of Canada is outlining important federal activities across several federal government departments to support: a more robust monitoring structure with complete and timely national data; strengthened research and evaluation to ensure that suicide prevention interventions are informed by the best available evidence and that new evidence is created; improved understanding of the availability and ways to access supports and services; and enhanced collaborative governance that respects jurisdictional roles and responsibilities and recognizes the need for tailored approaches for different communities and populations.

Canada's first Action Plan is a three-year evergreen plan that sets out the foundations for shared action. It will continue to evolve through ongoing collaboration and engagement.

II. Understanding suicide

Risk and protective factors

Suicide is influenced by many factors – some that protect overall health and wellbeing, and others that put it at risk. There is much that is known about risk and protective factors[iv], and groups that are at higher risk of suicide[v]. Leveraging this knowledge is key to accelerating concrete actions to support suicide prevention and life promotion, while continuing to address data and evidence gaps.

Risk factors increase the likelihood of serious thoughts of suicide, suicide attempts and/or death by suicide[vi]. In contrast, protective factors decrease this risk, and often have additional benefits across a wide range of mental health and wellbeing outcomes.

People can be influenced by risk and protective factors at the individual, interpersonal and community level. Suicide is not just an individual phenomenon. To properly address suicide, we need to understand and target factors at all of these levels[vii]. It is important to note that simply having a risk factor does not mean someone will experience thoughts of suicide, suicide attempts or die by suicide. While these relationships are complex, this knowledge can inform the way forward.

The following examples of risk and protective factors provide insight into potential areas of focus for suicide prevention activities. Suicide prevention starts before there is a problem, and work is needed to foster the conditions that promote our wellbeing – a positive sense of meaning and effective coping, strong relationships and supportive environments.

Table 1. Risk and protective factors[viii,ix,x,xi,xii,xiii,xiv,xv]

	Risk	Protective
Individual	• Previous suicide attempt • Mental illness • Substance use • Physical health problems including chronic pain • Disability • Life stressors such as loss of job or relationships • Homelessness • Bereavement from suicide • Family history of suicide • Low income and low education	• Effective coping and problem-solving skills • Sense of cultural identity • Religious and spiritual beliefs • Optimistic outlook • Self-esteem • Sense of meaning and reason for living
Interpersonal	• Adverse childhood experiences • Loneliness • Bullying (in-person and online)	• Strong personal relationships • Social support networks with peers, friends, partners and family
Community	• Discrimination • Exposure to violence, including physical, sexual or emotional violence • Living in a socially or economically deprived area • Living in a rural or remote area • Historical and intergenerational losses	• Feeling connected to community • Safe and stable environment • Access to appropriate health care • Restricted access to means
Note: This is not an exhaustive list and the degree to which these factors affect an individual can vary. The Public Health Agency of Canada's (PHAC) Suicide Surveillance Indicator Framework, monitors a number of risk and protective factors at the population level.		

SPOTLIGHT: Substance use

Amidst the drug overdose crisis in Canada, the impact of substance use and substance use disorders on suicide is increasingly recognized[xvi]. Individuals living with a substance use disorder are significantly more likely to die by suicide than the general population[xvii]. Suicide and substance use disorder also share common risk factors with suicide, such as experiences of trauma and occupational and financial stressors[xviii], suggesting that upstream suicide prevention may serve a dual purpose. Even in the absence of a substance use disorder, some forms of substance use, particularly alcohol, are associated with an increased risk of suicide.

SPOTLIGHT: Family and gender-based violence

People who experience family and gender-based violence, including child maltreatment[xix] and intimate partner violence (IPV)[xx] are at an increased risk for suicide-related behaviours including thoughts of suicide, suicide plans and attempts. Being exposed to IPV as a youth or young adult is particularly serious – young victims of IPV have ten times the risk of suicide death as those who don't experience IPV[xxi].

The Government of Canada is prioritizing ongoing work to prevent and address gender-based violence in Canada, including *the National Action Plan to End Gender-based Violence*. This 10-year historic plan is a strategic Federal-Provincial-Territorial framework for national action[3] to address the root causes and persistent gaps that remain to end gender-based violence in Canada. In alignment with this plan, Budget 2021 committed $30 million over five years to support crisis lines that provide critical support services to survivors of gender-based violence.

Suicide and its related behaviours in Canada

Every year, approximately 4,500 people die by suicide in Canada, equivalent to approximately 12 deaths every day. In 2020, 4,152 people died by suicide, resulting in a mortality rate of 10.9 per 100,000 persons[xxii]. Suicide was the second leading cause of death among youth and young adults aged 15 to 34 years[xxiii] .

As coroner and medical examiner investigations into deaths can be lengthy, there are often delays in fully accounting for suicide deaths. It can take several years for suicide deaths to be accurately captured in Vital Statistics, Canada's official source for death reporting. This is why we are not using more recent statistics in this document.

[3] Although it supports the general objectives of the National Action Plan to End Gender-Based Violence, the Government of Quebec has not adhered to it because it intends to retain its full responsibility in this area on its territory.

Suicide and life promotion in Indigenous populations

Suicide prevention is an urgent priority for Indigenous leaders, organizations and communities. Overall, rates of suicide are higher for some Indigenous populations than non-Indigenous populations[xxiv]. Suicide rates across First Nations, Inuit and Métis communities vary greatly[xxv] and do not necessarily reflect a community or population's overall mental wellness.

A study released by Statistics Canada, for the years 2011-2016, reported that, Inuit have the highest rate of death by suicide (72.3 deaths per 100,000 people per year), followed by First Nations (24.3 deaths per 100,000 people per year) and Métis (14.7[E] deaths per 100,000 people per year)[xxvi].

Colonialism, including the legacy of residential and day schools, the removal of children from families (including the historical removal of Indigenous children referred to as the "Sixties' Scoop"), forcible displacement of families and communities, and the assimilation of culture and language, have contributed to intergenerational trauma and poorer health outcomes for many First Nations, Inuit and Métis[xxvii]. Ongoing racism, marginalization, lack of or differential access to mental health and health services, including culturally-safe health services, and inequities in the social determinants of health further exacerbate outcomes linked to higher risks of suicide. Suicide prevention and life promotion approaches must consider the lasting and ongoing impacts of colonialism, while leading with protective factors including culture, language, connection to community and to the land, self-determination and equitable access to essential services including housing, education and health services, among others[xxviii].

Important efforts have been undertaken by First Nations, Inuit and Métis communities to revitalize culture and foster healing including through community-driven mental health, wellness and life promotion initiatives. Indigenous-led and community-driven approaches to suicide prevention and life promotion[xxix] are holistic, grounded in culture, traditional practices and knowledge. They are also distinction-based, recognizing the distinct histories, knowledges, and contexts across First Nations, Inuit and Métis communities. While many existing approaches for addressing suicide tend to focus on personal and community deficits, some Indigenous approaches focus on life promotion, recognizing distress, suffering and suicide in the overall context of life itself and choosing to shift from an exclusive focus on individual problems to one that centres on community strength and capacity in the face of oppressive policies and condition[xxx].

> **Life promotion** is an approach that: "*leads with Indigenous ways of knowing and being; emphasizes culture-based interventions; focuses on community level-factors and the Indigenous social determinants of health; (is) strength-based since it works to enhance protective factors; (is) centred on the whole person perspective to promote wholistic wellness and foster a sense of Hope, Belonging, Meaning and Purpose.*"
>
> **– Thunderbird Partnership Foundation**[xxxi]

E - Estimate has high sampling variability. Interpret with caution.

This Action Plan does not replace existing strategies or frameworks led by Indigenous communities or organizations, but rather, seeks to complement and support these efforts in identifying the need for distinctions-based, people-specific life promotion and suicide prevention strategies. At the national level, the *First Nations Mental Wellness Continuum Framework*[xxxii] *and the National Inuit Suicide Prevention Strategy*[xxxiii] both outline approaches to suicide prevention and life promotion that are rooted in culture and Indigenous-specific determinants of health. Some regions have also put in place strategies and initiatives for suicide prevention and life-promotion. For example, in 2022, the Métis Nation of Alberta published its *Life Promotion Guide* to support the Métis population in Alberta[xxxiv]

Indigenous youth-led initiatives advancing life promotion have been developed to promote culturally-specific protective factors including connection to culture, community and traditional activities, fostering safe and familiar spaces, storytelling, intergenerational relations, activities on the land and having distinctions-based facilitators to reduce risk factors for suicide. As part of Budget 2017, the federal government announced the Youth Hope Fund, providing $3.4M/year ongoing for First Nations and Inuit youth-led life promotion projects.

An example of an Indigenous-led initiative is We Matter, an Indigenous, youth-led organization dedicated to Indigenous youth support, hope and life promotion. It empowers Indigenous youth through mentorship for youth leaders, funding for youth-led projects, effective social media campaigns and toolkits to provide support in overcoming challenging situations. The positive impact of We Matter programs has supported Indigenous youth across Canada. For example, toolkits have been distributed to communities in every province and territory, including to communities in crisis.

In moving forward with the implementation of this Action Plan, engagement with First Nations, Inuit and Métis on the priorities and approaches of their communities will be a key priority. The Government of Canada's *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plans, United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP)*, the Truth and Reconciliation Commission of Canada Calls to Action and the Missing and Murdered Indigenous Women and Girls Calls to Justice will inform all engagement to uphold the self-determination of First Nations, Inuit and Métis and to support their people-specific frameworks and strategies and to ensure the needs of Indigenous communities are supported through distinctions-based actions.

Additional population groups with higher rates of suicide or related behaviours

While suicide affects people of all ages, sex, gender identity, geographical location and cultural identity, some additional population groups experience higher rates of suicide and/or related behaviours than the general population. This can be for several reasons, including an unequal distribution of risk and protective factors. It is important to note the following list is not exhaustive and other populations may also experience higher rates of suicide.

Table 2. Population groups with higher rates of suicide and/or its related behaviours

	Death by suicide	**Suicide-related behaviours** (e.g., serious thoughts, plans and attempts, Emergency department visits and hospitalizations for self-harm)
Sex	Males account for approximately 75% of all suicide deaths in Canada[xxxv].	Females experience higher rates of hospitalization for self-harm, and serious thoughts, plans and suicide attempts[xxxvi] than males. Not all self-harm has suicidal intent. The way that administrative health data on self-harm is collected makes it difficult to distinguish between self-harm with and without suicidal intent.
2SLGBTQI+	Data on suicide deaths in this population are incomplete, because gender identity and sexual minority status are not routinely collected in death records.	More than 40% of 2SLGBTQI+ people between the ages of 15 and 44 report having serious thoughts of suicide during their lifetime[xxxvii]. Canadian youth aged 15 to 17 years from sexually diverse communities had a three times higher risk of suicide-related behaviours compared to their heterosexual peers[xxxviii].
Across lifespan	Suicide was the second leading cause of death among youth and young adults aged 15 to 34 years overall in 2020[xxxix]. Middle aged adults (ages 40 to 59 years) have the highest rates of suicide deaths, for both males and females[xl].	Youth aged 15 to 19 have the highest rates of emergency room presentations and hospitalization for self-harm[xli].

SPOTLIGHT: Occupational groups

Public safety personnel and first responders, including correctional workers, police and Royal Canadian Mounted Police (RCMP), firefighters and paramedics are at higher risk for suicide-related behaviours than the general population[xlii]. Members of these occupational groups are more likely to experience traumatic events during their work[xliii] which places them at greater risk of post traumatic stress disorder, which also increases risk of suicide and related behaviours.

In Canada, farmers and ranchers are more likely to experience mental health challenges such as depression and anxiety[xliv]. This, combined with known risk factors for suicide, including social and geographical isolation, higher access to firearms and financial difficulties, suggest that farmers may be at increased risk for suicide and related behaviours[xlv]. In the agriculture context, other factors, such as the pressure to uphold generational legacies and the often required self-reliance, may also contribute to feelings of loneliness and stress.

During the course of implementing this Action Plan, the Government of Canada will continue working with partners and representatives from populations most impacted by suicide to better understand the context and factors that lead to suicide and its related behaviours and determine ways to improve evidence about what works and how to best support those most at risk.

III. Shared roles and responsibilities in suicide prevention

Effective suicide prevention requires collective and multifaceted approaches that includes a diverse group of partners and stakeholders across Canada. While each partner may play a distinct role, collaboration is essential to advance shared interests and priorities.

Federal government

As a convener at the national level, the federal government leads and facilitates engagement with key partners and stakeholders including provincial/territorial partners, Indigenous communities and other suicide prevention stakeholders, to drive collaboration on suicide prevention, and provides funding to advance national priorities. The federal government also coordinates national data and monitoring and promotes and funds health research. In addition, the federal government has a regulatory role for instance, in restricting lethal means such as firearm legislation for possession and use.

While health services and health care delivery mainly fall under provincial and territorial jurisdiction, the federal government is also responsible for providing health services, including mental health services, to some populations such as First Nations on reserves, Inuit, current and former Canadian Armed Forces (CAF) members, refugees and federally-incarcerated individuals. Initiatives underway that support suicide prevention for these populations are outlined in Annex A.

Several federal agencies and departments have a role in suicide prevention and life promotion, either by working to address risk and protective factors, or in providing leadership and/or services to a specific population. Recognizing these shared roles and responsibilities, the Public Health Agency of Canada (PHAC) chairs a federal Coordinating Committee on Suicide Prevention (FCC), with representation from 15 federal organizations. This group was initially established to support the coordination of efforts under the Federal Framework for Suicide Prevention and will be engaged in the upcoming governance for the Action Plan.

Provincial and territorial governments

Provincial and territorial governments provide leadership, funding, policy direction, action plans and programs to support the physical and mental health of their residents. Provinces and territories also provide support and funding for research and evaluation. They offer essential suicide prevention and response services via health care, mental health and other social programs, including hospital care, addiction services and programs, crisis intervention, treatment and follow-up. Provinces and territories are also primarily responsible for education and schools, which can reach youth through suicide prevention programs as well as through gatekeepers (e.g., people who play a role in suicide prevention because of their primary contact with those potentially at risk).

In Canada, most provinces and territories have suicide prevention and/or mental health and addictions strategies in place. These differ in various ways, for example, some have established strategies or action plans, while others are working with broad roadmaps or frameworks. Some target the general population while others focus on sub-populations, such as youth and Indigenous people.

Indigenous communities and governments

Indigenous Peoples have the legal right to self-determination, autonomy and self-governance in matters pertaining to internal and local affairs[xlvi]. Many Indigenous communities are leading their respective suicide prevention/life promotion strategies, anchored in respect for the traditions and customs of their communities. The Government of Canada recognizes and supports the suicide prevention and life promotion work led by First Nations, Inuit, Métis and Modern Treaty and Self-Governing partners.

Other partners

Non-governmental organizations such as local community groups, provincial associations, pan-Canadian organizations, health professionals and researchers play a crucial role in suicide prevention and response. They provide mental health services such as counselling, community resources and crisis management.

When seeking insights into suicide prevention and life promotion, we must also consider the expertise from people with lived and living experience (i.e., survivors of a suicide attempt or bereaved by the loss of someone to suicide). Their experience can help inform programs and policies to ensure initiatives are responsive and relevant to those who need them most.

Furthermore, it is difficult to consider suicide prevention without the collaboration and cooperation of those at the frontlines who are supporting and advancing work around the risk and protective factors of suicide. This includes partners who work on issues such as housing, social welfare, employment, health care, family and gender-based violence and substance use.

SPOTLIGHT: 9-8-8: Suicide Crisis Helpline – an example of collaboration

The Government of Canada played a leadership role in improving access to suicide prevention support through new federal investments and by convening partners across Canada to introduce the 9-8-8: Suicide Crisis Helpline.

On November 30, 2023, the 9-8-8: Suicide Crisis Helpline was successfully launched and is now available to everyone in Canada via voice or text, 24 hours a day, 7 days a week, in both English and French, making it easier for people to access the help they need, when they need it most[4]. The Government of Canada is providing $177 million to the Centre for Addiction and Mental Health (CAMH), which is leading the implementation and operation of 9-8-8. There are currently 39 national, provincial, and local crisis and distress lines that have been recruited into the 9-8-8 network with ongoing efforts to expand the network over time. In many parts of the country, people under the age of 18 who call 9-8-8 have the option to connect with specialized support for youth including through Kids Help Phone, while First Nations, Inuit and Métis Peoples who call 9-8-8 have the option to be connected the Hope for Wellness Helpline.

The implementation of 9-8-8 was informed by engagement with key partners through a 9-8-8 National Advisory Committee and working groups, including representatives from national Indigenous organizations, people with lived experience, crisis lines and services, as well as mental health and suicide prevention experts. Going forward, 9-8-8 working groups are focussed on priorities related to 9-8-8 data, 9-8-8/911 coordination and improving access to culturally-appropriate support for Indigenous people.

PHAC also worked closely with all provinces and territories in Canada over the course of implementation to ensure roles and responsibilities were clearly outlined, existing systems were leveraged, and disruptions were minimized.

The launch of the 9-8-8: Suicide Crisis Helpline represented a milestone in Canada's suicide prevention efforts. Through the implementation process, relationships with partners and stakeholders, including provincial and territorial governments were strengthened, creating an opportunity to enhance Canada's collective suicide prevention efforts

[4] In Quebec, calls and text messages are redirected to existing services, namely the Quebec Suicide Prevention Hotline 1,866 APPELLE and the Service numérique québécois en prévention du suicide (Suicide.ca). Both services are available 24 hours a day, 7 days a week.

IV. The National Suicide Prevention Action Plan

The Action Plan is a three-year, evergreen plan. It lays the foundation for collective action on suicide prevention and life promotion with the aim of increasing collaboration and engagement with partners and stakeholders, including provinces and territories, and Indigenous partners, to identify shared priorities and co-develop future actions.

In support of the Action Plan's Vision of "Fewer lives are lost to suicide and people and communities in Canada are supported in their wellbeing through life promotion and evidence-based suicide prevention approaches", the Action Plan outlines activities that are underway or ongoing, as well as new activities, organized under four Pillars of Action: Data and monitoring; Research and evaluation; Supports and services; and, Governance.

In recognition of the many partners and stakeholders involved in effective suicide prevention, an early priority in the first year will be to undertake a governance review to support the establishment of an inclusive governance model as a vehicle for concerted action. The governance review will identify existing mechanisms that can be leveraged as well as identify gaps and opportunities. The findings of this review will inform the governance model, including its mandate, membership composition and operational processes.

The governance model will facilitate engagement and the implementation of the Action Plan. This includes advancing shared priorities under the four Pillars of Action and establishing approaches to measuring progress, including developing performance indicators in collaboration with partners. The Action Plan's implementation will include exploring methods to facilitate uptake of evidence-informed practices and research by communities, practitioners and policy makers. With partners, we will strive to move knowledge into action and define ways to measure effectiveness and collective impact of initiatives to continuously advance suicide prevention and life promotion.

The Public Health Agency of Canada will continue to monitor progress of suicide prevention efforts and will use tools such as the Suicide Surveillance Indicator Framework (SSIF), to monitor the overall progress and impact over the course of this Action Plan.

Release of National Suicide Prevention Action Plan

Continued engagement and collaboration on advancing Action Plan and measuring progress

Reporting on progress and adapt Action Plan as needed

National Suicide Prevention Action Plan – At a Glance

Vision

Fewer lives are lost to suicide and people and communities in Canada are supported in their wellbeing through life promotion and evidence-based suicide prevention approaches.

Strategic objectives

UNDERSTANDING

Increase **understanding** and knowledge of suicide and related behaviour to develop actions based on the best available evidence and experience.

EMPOWERMENT

Empower communities, health and mental health providers and individuals with **resources and tools** to prevent and respond to suicide and related behaviours by ensuring people in Canada know where, how and when to access supports.

ENGAGEMENT

Increase collaboration by undertaking ongoing, meaningful **engagement** with partners, stakeholders and populations with higher risks of suicide, to inform priorities and enable the co-development of future actions.

Pillars of action

Data and monitoring

Research and evaluation

Supports and services

Governance

Implementation principles

Evergreen

Importance of iterative approach, creating space for further collaboration with partners.

Momentum

Builds on existing progress, including the 9-8-8 Suicide Crisis Helpline, for continued improvement.

Equity

Recognizes challenges faced by certain populations and communities most impacted and the need for tailored actions.

Pillar One: Data and monitoring

Work with partners to improve completeness and timeliness of data, streamline data sharing with partners and better understand data gaps and needs.

Data and monitoring are foundational to improving and strengthening the understanding and reporting of suicide and related behaviours, as well as risk and protective factors. Reliable data is necessary to monitor trends and patterns over time. Data is also used to assess disparities in suicide-related outcomes across geography and between sub-populations. Data can also provide evidence and insights to inform interventions and policy/program decisions.

Data related to suicide deaths, self-harm and risk and protective factors are derived of different sources such as administrative and survey data from Statistics Canada and provincial and territorial data collection agencies. Nevertheless, data gaps remain. For example, suicide deaths can take up to three years to be reported by provincial/territorial Chief Coroners/Chief Medical Examiners systems.

Outcome	Canada has a robust monitoring infrastructure with more complete and timely national data on suicide and related behaviours to support understanding and inform effective interventions for suicide prevention.
Performance Indicators	▪ To be determined in collaboration with partners to identify and develop core indicators to track progress and performance (by 2025-2026).
Activities underway and/or ongoing	▪ Working through the **Chief Coroner, Chief Medical Examiner and Public Health Collaborative (CC/CMEPHC)**, which includes Chief Coroners and Chief Medical Examiners from each province and territory, as well as Statistics Canada and PHAC, to enhance collaboration across Canada around death investigations and timeliness of suicide death data, including developing common data elements (e.g., sociodemographic characteristics, mental disorders, life events and stressors, history of suicide-related behaviours and recent contact with health care services) for suicide death investigation. **Ongoing with partners since 2021** ▪ Reporting on the updated **Suicide Surveillance Indicator Framework (SSIF)** which provides information on suicide and self-inflicted injury outcomes and associated risk and protective factors at the individual, family and community levels. For each indicator, pan-Canadian estimates are available, along with breakdowns by key demographic and socioeconomic variables. The SSIF will continue to be updated bi-annually. **PHAC since 2023** ▪ **Collaborating with Inuit Tapiriit Kanatami** to facilitate access to death investigation data on suicide deaths among Inuit. Going forward, there are opportunities to further align efforts on monitoring and data with Indigenous-led work on suicide data. **PHAC since 2022** ▪ Releasing **annual reports on Veteran suicide mortality**. To date, reports have been published in 2018, 2019, 2021. Findings help gain a better understanding of the factors associated with suicide in Veterans, and inform supports and services for this population. **Veterans Affairs Canada (VAC), in collaboration with the Department of National Defence and Statistics Canada, since 2015** ▪ Gathering information through ongoing Statistics Canada surveys which include suicide-related questions: for example, the **Canadian Community Health Survey (CCHS)** collected data on suicidal ideation, suicide planning, and suicide attempts in 2019 and 2020 for people aged 15 and older in all of Canada's provinces and territories. The same indicators will be collected via the CCHS again in 2025 and 2026 for people aged 18 and older. Furthermore, the **Canadian Health Survey on Children and Youth (CHSCY)** collects data on suicidality among children and youth aged 12-17 in the 10 provinces. These indicators were collected on the CHSCY in 2019 and again in 2023. The 2023 results are scheduled for release in 2024. Suicidality among 12-17 year-olds will again be collected through the 2024 cycle of CHSCY in all provinces and territories.

Pillar One: Data and monitoring (cont.)

New activities	Activity	Timeline	Deliverable
	1.1. Develop a comprehensive **9-8-8 Data Strategy** to facilitate understanding of needs and trends nationally and across jurisdictions, with disaggregated data, where possible.	2026	9-8-8 Network partners and collaborators, including provinces and territories, receive relevant data in a timely way to facilitate decision making in their area of responsibility.
	1.2. Through the CC/ME-PH Collaborative , develop **common data elements** (e.g., sociodemographic, mental disorders, recent life events and stressors, history of suicide-related behaviours and recent contact with health care services) for suicide death investigation.	2026	Chief Coroners/Chief Medical Examiners report on a minimum set of common data elements and submit these data to the Canadian Coroner and Medical Examiner Database (CCMED).

Pillar Two: Research and evaluation

Building on current evidence, identify research gaps in suicide and its prevention, including opportunities for implementation and knowledge mobilization, to inform further research efforts, especially for populations and communities most impacted by suicide.

Research and evaluation are imperative to ensure suicide prevention policies, best practices, and programs, reflect the latest available evidence. While a significant body of research is available, there is a need to further advance knowledge in key areas and to continue developing a robust evidence base.

Ongoing evidence is needed on the effectiveness of interventions (including for at-risk priority populations) in order to help inform program and policy development. Gaps also exist around the knowledge mobilization of existing research.

Outcome	Suicide and its prevention are well-understood, and suicide prevention interventions are informed by the best available evidence.		
Performance Indicators	▪ To be determined in collaboration with partners to identify and develop core indicators to track progress and performance (by 2025-2026).		
Activities underway/ or ongoing	▪ From 2018/19 to 2022/23, the **Canadian Institutes for Health Research (CIHR)** invested $36.3M in research related to suicide prevention, primarily through its investigator-initiated programs. This research is advancing knowledge in a range of areas related to suicide prevention such as implicit self-injury, links between chronic pain and suicide, and evaluation of various suicide prevention interventions and strategies. Some research is focused on at-risk or priority populations, such as Indigenous communities. ▪ Sharing the findings of a **Suicide Prevention Research and Knowledge Translation Initiative**, which will outline knowledge gaps and identify opportunities for research and the application of research for suicide prevention. This work is planned to be concluded and published in 2024. **PHAC, in collaboration with the Mental Health Commission of Canada** ▪ Undertaking an in-depth look at available **research and possible gaps in suicide prevention for public safety personnel** through the suicide sub-committee of the Academic, Research, and Clinical Network, established by the Canadian Institute of Public Safety Research and Treatment supported by Public Safety Canada. The Chief Psychologist of the Royal Canadian Mounted Police is a member of this sub-committee.		
New activities	**Activity**	**Timeline**	**Deliverable**
	2.1 Undertake a **third-party evaluation** of the first year of the 9-8-8 Suicide Crisis Helpline network to ensure learnings are incorporated as service evolves.	To be completed in 2025	Report submitted to PHAC; learnings are considered as part of long-term approach for 9-8-8
	2.2. Support, through funding to CIHR, the **Integrated Youth Services Network Indigenous Network**, which is a research network that focuses on Indigenous mental health to help ensure youth have equitable access to evidence-informed, culturally appropriate mental health and substance use services.	Indigenous Services Canada will provide $4 million in funding for four fiscal years, starting Fiscal Year 2025-26	Research network is established

Pillar Three: Supports and services

Support the creation, dissemination and utilization of suicide prevention tools and resources, and raise awareness of life promotion, suicide and its prevention.

People who struggle with serious thoughts of suicide, are bereaved by suicide or who are worried about someone else, require information about available evidence-informed services and how to access and use them. Resources and tools to promote mental wellness and life promotion can raise awareness and reduce stigma and they can also help people recognize signs and symptoms of mental distress and know when to seek help.

Access to evidence-informed resources and tools is also important for communities and practitioners seeking to prevent and respond to suicide.

Outcome	Individuals, communities, and practitioners are aware of, have access to, and know when and how to use evidence-informed resources to prevent and respond to suicide and related behaviours and reduce stigma related to suicide.
Performance Indicators	▪ Number of new tools and resources available – parameters to be developed with partners. ▪ People are aware of what tools and resources are available for support– to be measured by public opinion research
Activities underway/ or ongoing	▪ Implementing the **9-8-8 Suicide Crisis Helpline**, with the Centre for Addiction and Mental Health (CAMH) as the service coordinator, and other partners. Since November 30, 2023, bilingual, trauma-informed, culturally appropriate support is available 24 hours a day, 7 days a week to everyone in Canada. Launching 9-8-8 was an important step in providing crisis support to those thinking of suicide, in emotional distress, or worried about someone. As of April 2024, 39 distress lines are part of the 9-8-8 network, including Kids Help Phone and Hope for Wellness. ▪ Reviewing results and outcomes of the **Distress Line Equity Fund** investments to ensure lessons learned are considered in approaches to addressing gaps in equity, diversity and inclusion and ensure people who seek crisis services receive support that is responsive to their unique needs and experiences. In 2023/24, $8M was provided through PHAC to 45 distress lines and centres across Canada. ▪ Supporting services and initiatives that address suicide risk and protective factors through the **Mental Wellness Program** and youth-led projects focussed on life promotion through the distinctions-based **Youth Hope Fund**. **Indigenous Services Canada** ▪ Funding the development of **agriculture literacy training** and its delivery to over 250 mental health professionals across Canada. **Agriculture and Agri-Food Canada (AAFC) since 2023** ▪ Supporting provinces and territories to advance **agricultural mental health supports and initiatives** through the federal-provincial-territorial Sustainable Canadian Agricultural Partnership agreement (2023-2028). **AAFC with provinces and territories** ▪ Recognizing the importance of community-led actions for suicide prevention, as well as enabling collaboration and sharing of best practices, supporting the **MHCC-led National Community of Practice for Roots of Hope communities. Health Canada** ▪ Improving **supports for individuals incarcerated** in Canada's federal institutions through the ongoing implementation of the Clinical Framework for the Identification, Management, and Intervention for Individuals with Suicide and Self-Injury Vulnerabilities as part of Correctional Service of Canada's Suicide Prevention and Intervention Strategy. Reviewing **training for staff related to suicide and self-injury intervention and prevention** to align with best practices. **Correctional Service Canada**

Pillar Three: Supports and services (cont.)

New activities	Activity	Timelines	Deliverable
	3.1. Create an **Indigenous network**, in collaboration with Indigenous partners, as part of the 9-8-8: Suicide Crisis Helpline network of responders, ensuring participation of regional and local Indigenous-led distress lines.	2026	Indigenous sub-network is operational and Indigenous-specific 9-8-8 service is available close to home.
	3.2. Facilitate the **dissemination of suicide prevention tools and resources**, as well as identify gaps for future resource development, especially for populations overrepresented in suicide rates.	2027	New tools and resources are publicly accessible.
	3.3. Continuously updating current **suicide prevention training for Veteran frontline staff** to reflect current evidence on suicide, including the addition of postvention to support survivors and their loved ones.	2024, ongoing thereafter	Front line staff are well versed in suicide prevention skills and can intervene with Veterans experiencing/ demonstrating suicide-related behaviours.

Pillar Four: Governance

Establish governance mechanisms to advance and sustain progress across all pillars of action, as well as ensure meaningful engagement and cooperation through existing mechanisms

An effective response to prevent suicide calls for concerted action among all partners and a whole-of-government approach. Governance can help ensure accountability, enable purpose-driven engagement, and ensure inclusive evidence-informed decision making and priority setting. Governance can support meaningful engagement with First Nation, Inuit and Métis, provinces and territories, partners and key stakeholders, including people with lived and living experience and populations with a higher risk of suicide.

There are governance mechanisms already in place, and work going forward under the Action Plan will leverage what is existing to minimize the burden of engagement on partners, wherever possible. Governance will be foundational to Canada's collective response to suicide and paving the way forward under this Action Plan.

Outcome	Canada's suicide prevention efforts are collaborative, respect jurisdictional roles and responsibilities, and recognize the need for culturally-informed and tailored approaches for populations at higher risk of suicide.		
Performance Indicator	▪ Partners and stakeholders involved in suicide prevention in Canada feel supported in advancing priorities – to be measured by survey with partners and stakeholders at the end of the 3-year period of the Action Plan		
Activities underway/ or ongoing	▪ At the federal level, a **Coordinating Committee on Suicide Prevention** with representation from 15 federal departments was established to support the coordination of efforts under the **Federal Framework for Suicide Prevention** and will continue to exist to support the National Suicide Prevention Action Plan. ▪ A **Federal-Provincial and Territorial committee** was established to support the implementation of the 9-8-8: Suicide Crisis Helpline. While initially focused on 9-8-8, this committee has continued to be convened to discuss other suicide prevention and life promotion priorities, such as the Action Plan. ▪ Indigenous Services Canada will coordinate a third annual **summit on Indigenous Mental Wellness** in 2024, bringing together Indigenous leaders, organizations, tribal council, communities and frontline services to share and discuss improving mental wellness, including suicide prevention/life promotion for First Nations, Inuit and Métis.		
New activities	**Activity**	**Timelines**	**Deliverable**
	4.1 Undertake a governance review to support the establishment of a **sustained, inclusive governance model** to support suicide prevention and life promotion initiatives, including the National Action Plan.	2024/25	Review is completed and governance structure is confirmed
	4.2 Establish a **Suicide Prevention Science Advisory Table** to support science advice for decision making, science priority-setting, and the integration of science into the implementation of the Action Plan.	2025	Committee members are identified and terms of reference are established

V. Moving forward

Suicide is a significant public health issue that requires multi-sectoral collaboration and cross-jurisdictional partnerships to effectively address its many complex factors and devastating impacts. More importantly, suicide is also preventable. Although we know much more about how to prevent suicide than we have in the past, we still have much to learn. The National Suicide Prevention Action Plan creates a new space for collaboration and sets an overall direction for action in the key areas of data and monitoring, research and evaluation, supports and services and governance.

This Action Plan brings together partners, stakeholders, experts and those most impacted by suicide to collectively address this public health issue. Together, we can build upon community strengths and improve suicide prevention and life promotion efforts. To be successful, we need to understand what works for suicide prevention, in what context and for whom. Sharing these findings can effectively help inform and guide impactful suicide prevention efforts.

Progress updates on the Action Plan will be provided through the legislated requirement under the *Federal Framework on Suicide Prevention Act* which stipulates that PHAC will provide a progress report every two years, on suicide prevention to Canadians. The next report is expected in the winter of 2024-25.

Together, with committed partners, including those with lived and living experience, the Government of Canada will move forward to implement this Action Plan. Drawing on lessons learned and adapting priorities and activities based on the best available evidence and practice, will help to shape Canada's collective response to suicide and to continue to build supportive, life-promoting communities.

ANNEX A – Activities that support suicide prevention for populations where healthcare services fall under federal jurisdiction

The Government of Canada is responsible for providing health services to populations such as current and former Canadian Armed Forces (CAF) members, First Nations living on reserve, Inuit in the North, refugees and people who are incarcerated in federal institutions. While not exhaustive, the table below outlines some key federal activities underway that support suicide prevention within these populations.

Populations	Federal activities
Canadian Armed Forces members and Veterans	***Canadian Armed Forces and Veteran Affairs Canada joint Suicide Prevention Strategy*** **(2017) –** aims to minimize the risk of suicide for Veterans who are transitioning from CAF and who may be experiencing mental health issues. ***Veteran Suicide Mortality Study*** **(2018, 2019, 2021) –** previous studies examined the magnitude of suicide risk in Canadian Veterans in every province and territory from 1975 onwards, and identified subpopulations within the Veteran community who were at higher risk of suicide. ***The Road to Mental Readiness Program*** **–** offers resilience and mental health training to all CAF members throughout their careers. ***The Canadian Armed Forces Member Assistance Program*** **–** provides immediate access to crisis counsellors and supports. ***The Sentinel Peer Support Program*** **–** designed to play an essential role in the detection, prevention, and support for military members in distress. ***Veterans Affairs Canada Assistance Service*** **(offered through Health Canada)–** 24/7 assistance line which provides up to 20 sessions of free, psychological support with a mental health professional. Available to Veterans, their families and caregivers. **Mental Health Benefits for Veterans –** Automatic approval of mental health support provided to Veterans who have applied for a disability benefit as they await decision on their application. Support and services are provided through operational stress injury clinics located across the country. **Medical professional technical suicide review and pre-postvention tools –** collaboration with various CAF clinics to inform policy and practices related to suicide prevention and provide guidance to clinical leadership following a suspected suicide. **Mental Health First Aid -Veteran Community –** Free Mental Health First Aid training for the Veteran community. VAC in partnership with Mental Health Commission of Canada. **Veteran Family Program –** Families of medically released Veterans can access the Veteran Family Program through one of the 32 Military Family Resource Centres (MFRCs) across the country. **PTSD Coach Canada –** An online mobile app that helps Veterans learn about and manage symptoms that can occur after trauma. **OSI Connect –** free mental health learning and self management mobile app developed to help operational stress injuries (OSI) patients and their families understand OSIs.

Populations	Federal activities
Canadian Armed Forces members and Veterans	**OSI Clinic Network –** Ten outpatient Operational Stress Injury (OSI) Clinics, located across the country, and eleven satellite sites that provide services closer to where Veterans live. **Suicide prevention protocols –** developed by Veterans Affairs Canada for all frontline staff to undergo suicide prevention training. **CAF national suicide prevention advisor –** incumbent provides clinical expertise to inform recommendations and policies to promote suicide prevention within the organization.
	CAF Clinician Handbook for Suicide Prevention – provides education to clinicians on suicide, risk assessment and mitigation strategies. **Operational Stress Injury Support (OSISS) –** If a member of the CAF becomes ill or injured, OSISS offers peer support to the family and member who suffers from the OSI
Federally-incarcerated people	***Correctional Service Canada's (CSC) Suicide Prevention and Intervention Strategy*** **-** provides a national structure and direction for CSC's offender suicide prevention and intervention activities, including a consistent approach for clinical assessment and intervention while also guiding the continuous development of policy, research and staff learning initiatives.
Refugees	***Immigration, Refugees and Citizenship Canada's (IRCC) Interim Federal Health Program –*** provides limited, temporary coverage of health care and mental health benefits to people who are not yet eligible for provincial or territorial health insurance including resettled refugees, refugee claimants, in-Canada protected persons and certain other migrant groups.
Some First Nations, Inuit Populations	***The Youth Hope Fund –*** distinctions-based fund through Indigenous Services Canada (ISC) to support youth-led projects that focussed on life promotion. ***Mental Wellness Program –*** ISC program that supports services and initiatives that address key suicide risk and protective factors through flexible funding for culturally-relevant and trauma-informed initiatives. ***Hope for Wellness Helpline (funded by ISC) –*** provides immediate, toll-free telephone and online-chat based support and crisis intervention to all Indigenous people in Canada.

ANNEX B - Summary of key engagement to date on suicide prevention

In the development of this Action Plan, views and insights from many partners and stakeholders were gathered, including from people with lived/living experience, health care professionals, Parliamentarians, provinces and territories and academia. Discussions took place at various fora including workshops, conferences, roundtables and meetings. Throughout engagement, a number of cross-cutting themes emerged in the areas of equity, collaboration, data and research and intersectionality. Engagement also highlighted that there are many suicide prevention efforts underway across Canada, and the need to build on and leverage what is existing. Below is a summary of key engagement activities.

Ministerial Roundtable on Suicide Prevention (March 2022)

In March 2022, a Ministerial roundtable on suicide prevention brought together a wide range of stakeholder groups including suicide prevention organizations; clinical experts and practitioners (e.g., psychiatrists, family physicians, psychologists, psychiatric nurses and social workers); researchers; those with lived/living experience; racialized youth; and 2SLGBTQI+ people to discuss suicide prevention, life promotion and exchange on opportunities to increase evidence and innovation.

Key takeaways included the importance of interventions at the population level such as focussing on life promotion, wellbeing, and destigmatizing mental health. Participants also emphasized the importance of ensuring culturally appropriate care for diverse populations and creating integrated systems to mitigate barriers and create more accessible supports. Discussions also highlighted the importance of data and research including developing data collection systems that facilitate standardized, timely information and increased investments in research and evaluation to guide evidence-informed interventions and best practices.

Canadian Association for Suicide Prevention Conference – Data Workshop (May 2022)

PHAC held a data workshop during the Canadian Association for Suicide Prevention Conference in May 2022 to present current use of data and system challenges including the timeliness of access, limited survey questions and incomplete geographic coverage.

Participants identified the need for more comprehensive investigation when reporting suicide deaths such that data on ethnicity, gender and comorbidities be available. Research needs and gaps including understanding the barriers to help-seeking behaviours, the role of geography, social determinants of health and how they related to suicide ideation and attempts, were raised.

Mental Health Commission of Canada Hallway Group - People with lived/living experience (March 2023)

In March 2023, officials from PHAC sought views on the development of the Action Plan from the Mental Health Commission of Canada's Hallway Group, representing people with lived/living experience.

Discussions focused on culturally appropriate prevention measures and emphasized the importance of knowledge exchange through a community of practice. Some key themes also included the need to focus on populations at higher risk such as caregivers, youth, and veterans and the need to address risk factors such as stigma, isolation and loneliness. The group also shared insights on interventions including, screening, training of care providers and means restriction, and gatekeeper training. Lastly, participants identified the need for a national registry housing evidence-informed interventions for the purpose of leveraging and adapting to different priority populations.

Canadian Association for Suicide Prevention Conference – Meeting with National Collaborative on Suicide Prevention (May 2023)

In May 2023, during of the Canadian Association for Suicide Prevention Conference, PHAC led a workshop with members of the National Collaborative on Suicide Prevention to discuss and inform the objectives and priorities of the Action Plan. Participants included people from diverse backgrounds including suicide prevention organizations, Indigenous people, physicians/clinicians and crisis service groups.

Key themes emerging from the discussions included the need for engagement and collaboration with diverse stakeholders such as people with lived/living experience and Indigenous populations as well as the importance of standardized data collection. Participants also identified the need for better supports and services for populations with a higher risk of suicide through mechanisms such as a community of practice.

National Summits on Indigenous Mental Wellness (September 2022 and October 2023)

In September 2022, the Government of Canada hosted the first National Summit on Indigenous Mental Wellness, and a second Summit was held in October 2023. These Summits brought together communities, frontline service providers, experts and organizations to share examples of what is improving the mental wellness of First Nations, Inuit and Métis in Canada.

Key themes highlighted in both Summits included community and culture, with the wellbeing of the community closely linked to culture, land, language, connection and belonging.

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