



# LIVING HOPE

**A Community Plan to Prevent Suicide in Edmonton**

2018-2021

# Dedication

To all of you who have lost a loved one to suicide, who have attempted suicide and who offer support and assistance to people struggling with suicidality: Living Hope is our collective commitment as a community to act on suicide prevention, in recognition of your pain and our community's responsibility to answer those who feel the agony of living has become too much.



# Contents

<b>Dedication</b> .....	<b>2</b>
<b>Foreword</b> .....	<b>4</b>
From Councillor Scott McKeen.....	4
Message from End Poverty Edmonton.....	5
<b>From the Implementation Planning Committee Leadership Team</b> .....	<b>7</b>
<b>Acknowledgements</b> .....	<b>8</b>
<b>Introduction</b> .....	<b>11</b>
<b>The Implementation Plan at a Glance</b> .....	<b>13</b>
Implementation Timeline.....	16
<b>Background</b> .....	<b>18</b>
Suicide in Edmonton.....	18
Higher Risk Populations.....	19
<b>The Implementation Plan</b> .....	<b>22</b>
Guiding Principles.....	22
Core Values.....	22
Assumptions.....	23
Opportunities to Address Gaps and Barriers.....	24
<b>Stakeholder Consultation</b> .....	<b>25</b>
<b>Alignments</b> .....	<b>27</b>
<b>A Convening Entity: The Community-Based Implementation Team</b> .....	<b>30</b>
A Guide to Reading the Actions.....	32
Catalysts for Change.....	47
<b>A Plan for Evaluation</b> .....	<b>49</b>
<b>Conclusion</b> .....	<b>52</b>
<b>Bibliography</b> .....	<b>53</b>
<b>Appendix 1: Glossary</b> .....	<b>54</b>
<b>Appendix 2: Websites for Programs and Resources Referred to in Living Hope</b> .....	<b>56</b>

# Foreword

## From Councillor Scott McKeen

That people in Edmonton die by their own hand still offends our sense of mortality, not to mention community. How is it possible – in this welcoming and prosperous city, of all places – for someone to take their own life? Suicide is confounding, to be sure. It remains taboo – steeped in myth and misunderstanding, cloaked in profound silence. We just didn't talk about suicide in polite company.

In my past life as a journalist, I learned early on that media did not cover suicides. To do so, I was told, would glorify the death and potentially trigger an outbreak. Even then, the taboo struck me as counter-productive. But then again, I'm a survivor of depression, which nearly drowned me in my early adult years. Did I consider suicide? Certainly. Anyone who suffers from mental illness – from life, for that matter – has likely thought about it, as a final option to end the pain.

Yet I didn't talk about it. We never talked about such things. We learned early on in life, from the silence around us, that suicide is shameful.

I was lucky. I ran into a skilled therapist who extracted from me a shameful secret, my hidden suicidal thoughts. I surrendered and was eventually healed by the grace of caring professionals.

I'm so proud of this strategy document. It sets the stage for greater collaboration between governments and agencies on how best to prevent suicide. More personal to me, though, is that it also challenges the community to consider and talk about suicide. In the light of day. In polite company. With parents, or children. With teachers or doctors. With school counselors or close friends. Talking about suicide openly creates space – space for people without hope to reach out for help. Without shame.

Please consider this strategy as a blueprint for prevention. And permission to speak.

Scott McKeen  
City of Edmonton Ward 6 Councillor



## Message from End Poverty Edmonton

Edmontonians continually demonstrate that we are a caring and supportive community. This is evident in both our collective goal to end poverty and this collaborative plan to prevent suicide. Suicide is a heart-wrenching and complex reality, with roots in despair and disconnection. Living Hope: a community plan to prevent suicide in Edmonton, and the hard work of the committee and community that developed it. It is rooted in the belief that every Edmontonian is valued and valuable. This echoes the principles behind the EndPovertyEdmonton Road Map; we are all in this together and we all deserve to feel hope for the future.



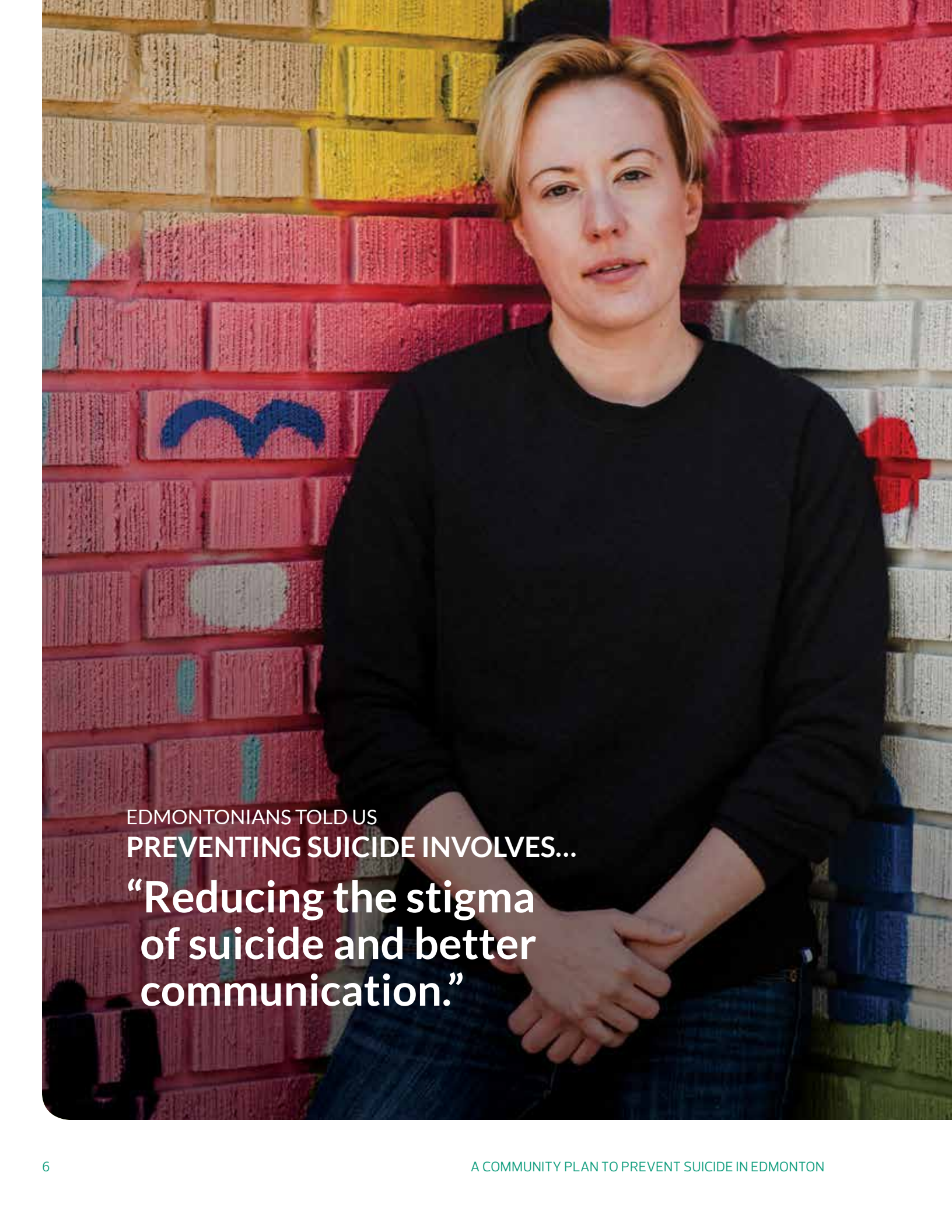
We know that mental health is a Game Changer, not just for those living in poverty, but for all of us who might struggle with mental and emotional difficulties. It is for this reason that the Suicide Prevention Strategy, as part of City of Edmonton's Urban Isolation/Mental Health Initiative, is considered one of the key actions in the EndPovertyEdmonton Road Map. Much of the collective work to end poverty is also about building protective factors, like the ones highlighted in this plan – building community resiliency means we are all healthier, as individuals and as a society.

Improving mental health services and preventing suicide is big-picture and long-term work; this plan is about shifting culture and the way we think about inclusion and mental health. Though it is long term work, it is also urgent – we cannot afford to lose another community member to the tragedy of suicide.

Preventing suicide takes all of us to learn, care, and act – this plan is a call to action for all Edmontonians to connect with and care about each other. Let it serve to instill hope in each of us.

Andrea Burkhart  
Executive Director, EndPovertyEdmonton





EDMONTONIANS TOLD US  
PREVENTING SUICIDE INVOLVES...

“Reducing the stigma  
of suicide and better  
communication.”

# From the Implementation Planning Committee Leadership Team

Moving Edmonton's Suicide Prevention Strategy into action has taken considerable commitment from many. We are delighted that our partners in the health system, in the community and among first responders have demonstrated their resolve to making the implementation plan a reality. We are more than a coalition of the willing – we are a coalition of the determined.

Every step of the way has been grounded in the reality of suicide in Edmonton and each of our partners brings personal and professional experience to the table. As we've considered actions and activities that would make a difference in preventing suicide, we've deliberately checked our assumptions against reality in our conversations with Edmontonians and with experts. A spectrum of suicide prevention efforts have been considered: promoting a better understanding about suicide and the connection with mental illness, fostering inclusion of people who feel marginalized by their sexual or ethnic identity, and responding more effectively to those in crisis.

Our work takes place on Treaty 6 territory, a traditional meeting ground and home for diverse Indigenous peoples. We are committed to suicide prevention as an act of reconciliation, moved by the experiences recounted to the Truth and Reconciliation Commission (TRC) detailing suicidality as a legacy of the residential school experience. One of the TRC's Calls to Action is to close the gap in health outcomes between Aboriginal and non-Aboriginal communities, suicide being one indicator to focus on.

We are confident that this plan will make a difference in preventing suicide. The partners have all committed to taking on the activities outlined in the plan. While some of the activities require new resources, many do not. Rather, they require a more effective connecting of the dots between service providers, partners and community members, as well as those in need and their loved ones. It is important to recognize the considerable value enhanced collaboration in the community and across sectors will have for those at risk of suicide. We believe it will create meaningful change.

## Leadership Team

**Mark Snaterse**, Executive Director, Addiction & Mental Health, Edmonton Zone, Alberta Health Services

**Jenny Kain**, Director, Family & Community Supports, Community Inclusion and Investment, City of Edmonton

**Ione Challborn**, Executive Director, Canadian Mental Health Association - Edmonton Region

**Jean Dalton**, Director, Neighbourhood Health and Personal Well-Being, United Way of the Alberta Capital Region

# Acknowledgements

The implementation plan was developed through the strategic direction of the Implementation Planning Committee (IPC). This diverse group of people each brought a valuable perspective to the table that was integral to the development of a robust plan.

## The Implementation Planning Committee

### **Sheena Abar**

Coordinator, Community Social Work Team, Health and Wellness Services, University of Alberta

### **Chelsey Anseeuw**

Social Planner, Family & Community Supports, Community Inclusion and Investment, City of Edmonton

### **Carol Brzezicki**

Edmonton Zone Manager, Indigenous Health Program, Alberta Health Services

### **Pam Brown**

Safety & Security Manager, Oxford Properties Group

### **Ione Challborn**

Executive Director, Canadian Mental Health Association - Edmonton Region

### **Lianna Chondo**

Social Worker, Family & Community Supports, Community Inclusion and Investment, City of Edmonton

### **Toni Boyko**

Mental Health Coordinator, Edmonton Fire Rescue Services, City of Edmonton

### **Jean Dalton**

Director, Neighbourhood Health and Personal Well-Being, United Way of the Alberta Capital Region

### **Kristy Harcourt**

Program Manager, Pride Centre of Edmonton



**Genevieve Jacques**

Community Social Worker, Health and Wellness Services, University of Alberta

**Jenny Kain**

Director, Family & Community Supports, Community Inclusion and Investment, City of Edmonton

**Gloria Keays**

Medical Officer of Health – Alberta Health Services, Edmonton Zone

**Marty Landrie**

Northern Manager, Indigenous Health Program, Alberta Health Services

**Violet Shepard**

Indigenous Health Coordinator, Indigenous Health Program, Alberta Health Services

**David Long**

Professor of Sociology, The King's University

**Derek McIntyre**

Staff Sergeant, Edmonton Police Service

**Deb Payne**

Manager, Provincial Injury Prevention Program, Safe/Healthy Environments, Population, Public and Indigenous Health, Alberta Health Services

**Jameela Murji**

Provincial Injury Prevention Prevention Coordinator, Suicide Prevention, Population, Public and Indigenous Health, Alberta Health Services

**Jody– Lee Farrah**

Director, Alberta Health Advocates, Office of the Mental Health Patient Advocate

**Deborah Prowse**

Alberta's Health Advocate, Office of the Mental Health Patient Advocate

**David Rust**

Project Lead, The Community Mental Health Action Plan

**Kesa Shikaze**

Senior Manager, Prevention, Early Intervention and Youth Branch, Child and Youth Services Division, Government of Alberta

**Colin Simpson**

Executive Director, Pride Centre of Edmonton

**Mark Snaterse**

Executive Director, Addiction & Mental Health, Edmonton Zone, Alberta Health Services

**Tristan Robinson**

Youth Suicide Prevention Policy Analyst, Prevention, Early Intervention, and Youth Branch, Child and Youth Services Division, Government of Alberta

**Jessica Turowski**

Project Manager, Alberta Students' Executive Council

**Others who contributed to the plan:**

1. Pieter de Vos, Facilitator, Alberta Culture and Tourism
2. Corinne Saad, ibis communications
3. Tanya Camp, Graphic Design, Bucketduck Inc.
4. Michael Sanderson, Surveillance and Assessment Branch, Alberta Health
5. Blake Loates, Blake Loates Photography

A young woman with voluminous, curly brown hair is shown in profile, looking out from a balcony. She is wearing a light blue denim jacket over a dark top. The balcony has a metal railing with several horizontal cables. The background is a blurred cityscape under a soft, warm light, suggesting dusk or dawn.

EDMONTONIANS TOLD US  
PREVENTING SUICIDE INVOLVES...

**“Helping people feel in control. It makes it worse when they lose control.”**

# Introduction

Living Hope is the Edmonton community's collective response to suicide – a reflection of our combined determination to translate intention into action.

The numbers of people dying each year in Edmonton by suicide creates a sense of urgency. When more than double the number of people are dying by suicide than in motor vehicle collisions, the call for action is clear. When preventable fatal injuries occur in Edmonton, whether intentional or unintentional, a community response is required.

In 2016 the Edmonton Suicide Prevention Advisory Committee released the Edmonton Suicide Prevention Strategy, 2016-2021. Capitalizing on the momentum underway, the group expanded into the Edmonton Suicide Prevention Strategy Implementation Planning Committee, made up of senior representatives from Alberta Health Services (AHS), the Government of Alberta, the City of Edmonton, United Way of the Alberta Capital Region, the Canadian Mental Health Association – Edmonton Region (CMHA-ER), Edmonton Police Service (EPS), Edmonton Fire Rescue Services, the University of Alberta (UofA) and community organizations.

The Committee worked to develop actions and activities within the three areas that research demonstrates have the potential to move the needle on suicide prevention:

- awareness and education
- accessibility to the full continuum of services
- addressing the needs of higher risk populations

Responsibility for implementation will be divided among key stakeholders, each with a unique and important role to play.

Guiding the work is the foundational principle that effective suicide prevention has to be a multifaceted public health approach, acknowledging that suicide is often linked to mental illness and/or substance misuse (17). These, in turn, are influenced by the

many systemic factors that comprise the social determinants of health (19).

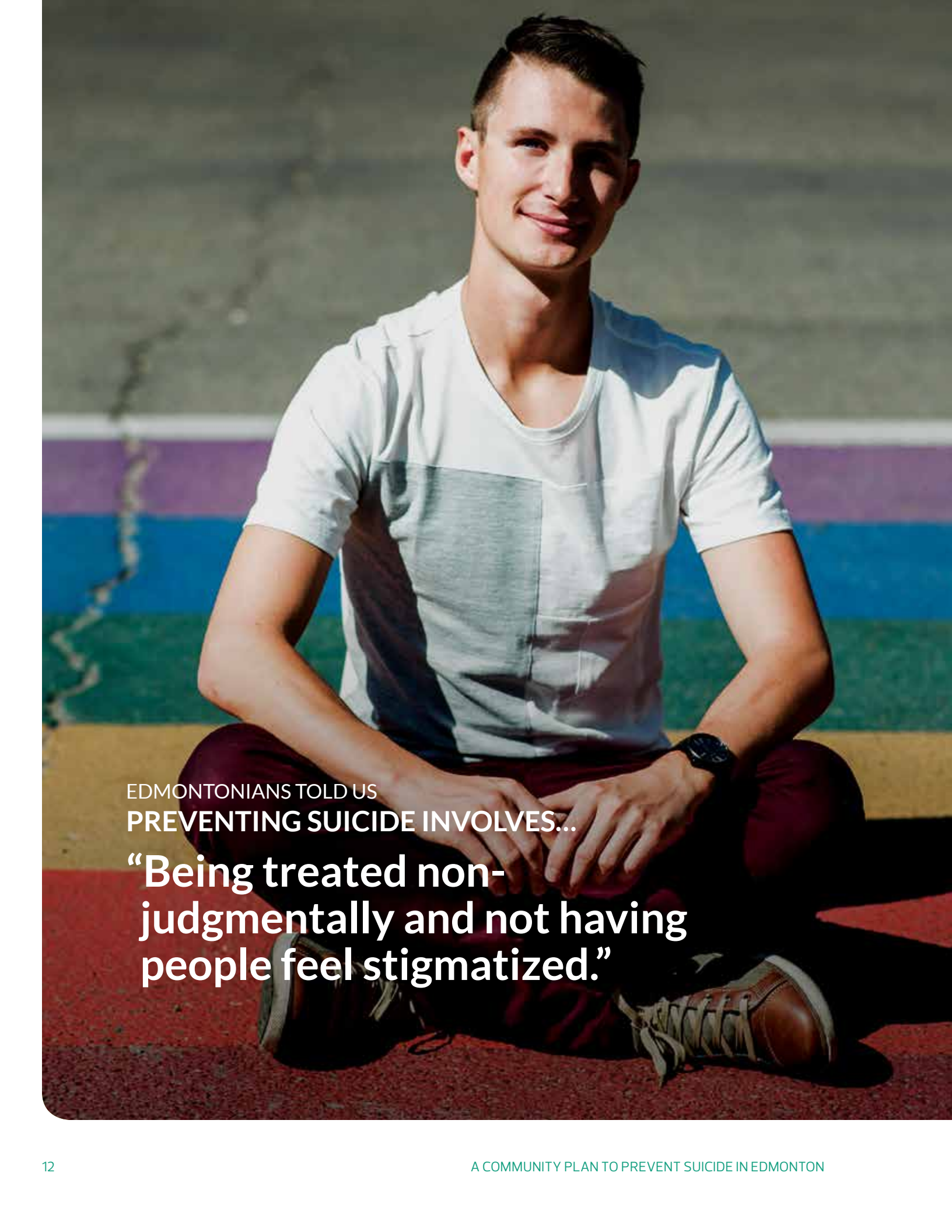
The numbers demonstrate that those most at risk of suicide are middle aged men (1,2). But data doesn't tell the whole story. Reports from the community describe that some people in the lesbian, gay, bisexual, transgender, queer, questioning and two-spirited (LGBTQ2S), and Indigenous communities feel vulnerable because of the oppression and discrimination they regularly experience, along with the stressors that may be present from marginalization and poverty. Access to mental health services, critical to suicide prevention, is one of the 'Game Changers' for EndPovertyEdmonton, recognizing sound mental health as a vital part of the journey out of poverty (8).

This implementation plan contains specific activities which the Committee learned will make a difference, and so is designed primarily for those involved in service delivery. In the plan, you will find a number of quick wins and catalysts. The quick wins are activities that can be implemented immediately and the catalysts have been identified by the Committee as essential for change.

The Committee believes that by bringing together activities that are underway across the region, understanding where the gaps are and addressing them, and most importantly, by working collaboratively across systems, suicides in Edmonton can be prevented.

Living Hope upholds the inherent value of every life and recognizes that Edmontonians, both as service providers and as community members, can offer the compassion, and the respect needed to increase resilience and nurture hope for those contemplating suicide.



A young man with short dark hair, wearing a white t-shirt with a grey panel and maroon pants, is sitting on a colorful wall. He is smiling and looking towards the camera. The wall behind him has horizontal stripes of purple, blue, green, and yellow. The ground in front of him is red.

EDMONTONIANS TOLD US  
PREVENTING SUICIDE INVOLVES...

**“Being treated non-judgmentally and not having people feel stigmatized.”**

# The Implementation Plan at a Glance

## The Implementation Plan

Living Hope is an implementation plan that promotes a comprehensive preventative approach that seeks to enhance access to the protective factors that decrease the risk of suicide.

## Intended Audience

The implementation plan is designed primarily for those involved in service delivery in a wide variety of community settings, whether they are non-profit, educational, business or governmental. Suicide prevention, however, is a community responsibility and all Edmontonians can share in the opportunity to think and talk about suicide prevention with compassion and openness.

## Intent

It is the purpose of the implementation plan to offer a set of activities over three years that can be implemented to achieve the goals in the Edmonton Suicide Prevention Strategy. Much of the work outlined in the plan builds upon work already underway. It is not the intent of this implementation plan to duplicate existing efforts, rather it is to enhance the coordination of service providers and concerned citizens so that the community as a whole is more aware and knowledgeable about suicide and can contribute to a culture of support and help-seeking.





**Goal 1: To provide awareness and education that promotes positive mental health, reduces the stigma of suicide and provides an understanding of how to help someone considering suicide**

**Objective 1: Increasing Edmontonians' awareness of mental health and suicide prevention**

PRIORITY ACTIONS:

- 1.1 Develop a public awareness campaign to promote a public conversation about mental health and its connection to suicide, reduce stigma, encourage help-seeking behaviours, and educate the public on how to help someone considering suicide.
- 1.2 Work with interested media to update guidelines around suicide reporting and respectful terminology to consider when discussing at-risk populations.

**Objective 2: Train more community 'gatekeepers' so they are able to effectively support individuals at risk of suicide**

PRIORITY ACTIONS:

- 2.1 Expand suicide prevention training opportunities for staff of organizations who work with higher risk populations and those vulnerable during transition times, to identify risk, provide assessment and facilitate referral.
- 2.2 Promote training for health professionals, in particular family physicians and health care practitioners, so that they are better able to screen, assess, and appropriately respond to patients experiencing suicidal ideation.

**Goal 2: To ensure the whole continuum of services - prevention, intervention, postvention - is fully accessible**

**Objective 3: Increasing accessibility of preventative services that advance positive mental health and safety in schools, workplaces and communities**

PRIORITY ACTIONS:

- 3.1 Collaborate with local school boards as they create caring, respectful and safe learning environments that support mental health, foster a sense of belonging and prevent bullying.
- 3.2 Promote programs that address workplace psychological health and safety.
- 3.3 Explore ways of reducing access to lethal means in the physical environment.

**Objective 4: Increasing accessibility of mental health interventions and postvention services**

PRIORITY ACTIONS:

- 4.1 Build on existing best practices for those with mental illness and addictions to reduce their risk of suicide.
- 4.2 Increase awareness of postvention options that are available for those who have attempted suicide, and for the families and loved ones of those who have died by suicide.

### Goal 3: To address the needs of higher risk populations

#### Objective 5: Engaging those serving high-risk populations in collaborative and coordinated practices

PRIORITY ACTIONS:

- 5.1 Incorporate suicide prevention and positive mental health promotion into new and existing addiction and mental health initiatives.
- 5.2 Advocate for coordinated discharge and transition planning in hospital emergency departments, mental health service delivery systems and custodial settings to ensure relevant health, community, cultural and social supports are leveraged for a comprehensive discharge plan.
- 5.3 Contribute to the development of comprehensive referral and bridging protocols for people at risk of suicide that ensure supportive transition between care providers, where relationships of support are maintained.
- 5.4 Encourage professionals to share best practices and emerging research in the area of suicide prevention.

#### Objective 6: Build on preventative best practices for populations experiencing high rates of suicide

Priority Actions:

- 6.1 Build on existing best practices for men that foster the creation of meaningful social connections which are protective against suicide.
- 6.2 Build on existing best practices in LGBTQ2S communities that create capacity for self-efficacy and that are protective against suicide.
- 6.3 Build on existing best practices for first responders that are protective against suicide.
- 6.4 Build on existing and promising practices from Indigenous communities that create capacity for self-efficacy and that are protective against suicide.

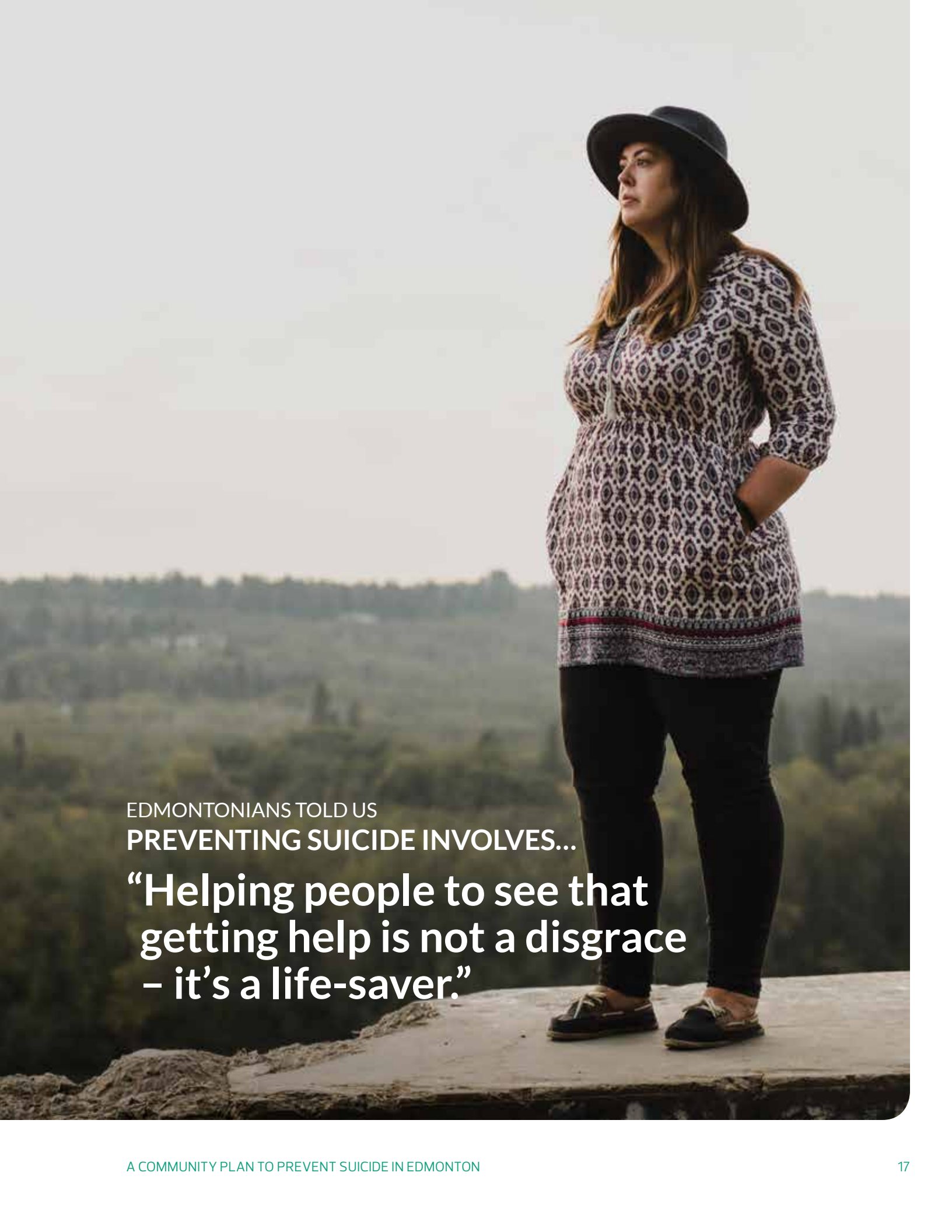
#### Objective 7: Ensure the most recent research and surveillance data is available to inform initiatives and policies.

PRIORITY ACTIONS:

- 7.1 Enhance data collection to ensure effective surveillance, monitoring and evaluation.

## Implementation Timeline

Action	Year 1	Year 2	Year 3
1.1 Develop a public awareness campaign to promote a public conversation about mental health and its connection to suicide, reduce stigma, encourage help-seeking behaviours, and educate the public on how to help someone considering suicide.			
1.2 Work with interested media to update guidelines around suicide reporting and respectful terminology to consider when discussing at-risk populations.			
2.1 Expand suicide prevention training opportunities for staff of organizations who work with higher risk populations and those vulnerable during transition times, to identify risk, provide assessment and facilitate referral.			
2.2 Promote training for health professionals, in particular family physicians and health care practitioners, so that they are better able to screen, assess, and appropriately respond to patients experiencing suicidal ideation.			
3.1 Collaborate with local school boards as they create caring, respectful and safe learning environments that support mental health, foster a sense of belonging and prevent bullying.			
3.2 Promote programs that address workplace psychological health and safety.			
3.3 Explore ways of reducing access to lethal means in the physical environment.			
4.1 Build on existing best practices for those with mental illness and addictions to reduce their risk of suicide.			
4.2 Increase awareness of postvention options that are available for those who have attempted suicide, and for the families and loved ones of those who have died by suicide			
5.1 Incorporate suicide prevention and positive mental health promotion into new and existing addiction and mental health initiatives.			
5.2 Advocate for coordinated discharge and transition planning in hospital emergency departments, mental health service delivery systems and custodial settings to ensure relevant health, community, cultural and social supports are leveraged for a comprehensive discharge plan.			
5.3 Contribute to the development of a comprehensive referral and bridging protocols for people at risk of suicide that ensure supportive transition between care providers, where relationships of support are maintained.			
5.4 Encourage professionals to share best practices and emerging research in the area of suicide prevention.			
6.1 Build on existing best practices for men that foster the creation of meaningful social connections which are protective against suicide.			
6.2 Build on existing best practices in LGBTQ2S communities that create capacity for self-efficacy and that are protective against suicide.			
6.3 Build on existing best practices for first responders that are protective against suicide.			
6.4 Build on existing and promising practices from Indigenous communities that create capacity for self-efficacy and that are protective against suicide.			
7.1 Enhance data collection to ensure effective surveillance, monitoring, and evaluation.			



EDMONTONIANS TOLD US  
PREVENTING SUICIDE INVOLVES...

**“Helping people to see that  
getting help is not a disgrace  
– it’s a life-saver.”**

# Background

## Suicide in Edmonton

Currently available data does not give a precise picture of who is dying by suicide in Edmonton, primarily because not every death by suicide is reported as such, and it is widely believed that many deaths in which the cause is considered inconclusive may be due to suicide. Gathering useful data is an important activity and a catalyst for change in this implementation plan

This is what is known:

- Middle age males have the highest suicide death rate (14), where an average 75% of those who die by suicide are males, primarily between the ages of 40 and 59.
- Suicide is the single greatest cause of injury-related deaths for Indigenous people.
- It is estimated that for every person who died by suicide, as many as twenty are likely to have attempted suicide (14).
- In 2015, 214 people died by suicide in the Edmonton Zone (Edmonton and surrounding areas)(2). Of these, 148 were male and 66 were female.
- In 2015, there were 2,467 visits and in 2016 there were 2,365 visits to the Emergency Department in the Edmonton zone due to suicide attempts (2).

## Risk and Protective Factors

Behind each suicide or attempted suicide is a complex web of factors at play. No single cause explains or predicts suicide. However, certain groups who experience overlapping biological, psychological, social and cultural risk factors can become vulnerable to suicide.

In assessing for risk, it is also important to consider the social determinants of health (income, education, housing, employment, etc.). For example, geographical communities in Edmonton with a high

suicide rate also have a higher proportion of people treated for mental illness – and a higher adversity metric (alcohol and substance misuse and lower socio-economic status) (18). The Edmonton Police Service data confirms that the highest concentrations of suicides and suicide attempts occur in areas of the city where there are elevated proportions of people with multiple risk factors.

Brain science makes it clear that trauma, including intergenerational trauma as well as Adverse Childhood Experiences (ACEs), if left unaddressed, will have repercussions on mental and physical health, exposing people to a greater risk of suicide (10).

At the same time, protective factors can mitigate risk and build resilience among all people. While this plan will work to reduce risk factors for suicide, the protective factors such as positive coping skills, healthy relationships, and help seeking behaviours should be promoted as a key prevention approach.

### Risk Factors

- Mental illness
- Addictions
- Social isolation
- Major life transitions
- Family history of suicide
- Physical illness
- Trauma
- Oppression and discrimination
- Poverty

### Protective Factors

- Positive coping skills
- Social support
- Healthy relationships
- Reduced stigma related to mental illness and suicide
- Sense of purpose
- Good health
- Help seeking behaviour



## Higher Risk Populations

It is important to recognize that for some groups such as the LGBTQ2S and Indigenous populations, their heightened risk for suicide is because of the underlying risk factors that they experience as a group, and not because of any inherent characteristics of that group.

### LGBTQ2S Communities

- Members of LGBTQ2S communities are two and a half times more likely to have attempted suicide than heterosexual individuals (11).
- LGBTQ2S youth and transgender women are particularly at risk, stigmatized by their sexuality or gender identity.
- Gender barriers to programming mean that people often cannot access the services they need. Programs need to be welcoming and inclusive.
- Service providers need to be able to address the individual in their gender identity to ensure comfort, belonging and safety in the discussion.

### Indigenous Communities

- Edmonton is home to an increasing number of Indigenous people, some of whom are struggling to cope with the legacy of intergenerational trauma. In 2012, Statistics Canada found that more than one in five off-reserve First Nations, Metis and Inuit adults reported having had suicidal thoughts (12).
- Cultural continuity supports Indigenous people in healing and in creating a sense of belonging (8). Therefore, culturally appropriate supports need to be an integral part of supporting Indigenous communities.
- Cultural/Indigenous awareness training for service providers should focus not only on the negative historical experiences of Indigenous peoples but also on the richness in Indigenous cultures and traditions which are central to Indigenous identity, spirituality, and overall wellbeing.

### First Responders

- The stress that first responders face affects each individual differently, but those who experience Post Traumatic Stress Disorder (PTSD) are believed to be at an elevated risk for suicide (5).
- A work culture that has not always dealt effectively with post-traumatic stress is now slowly changing, but for many first responders it is still difficult to acknowledge that they need help – and to ask for it.

### People with Mental Illness/Addiction

- Edmontonians who live with a mental illness, poor mental health and/or addiction are at increased risk for suicide.
- There is an abundance of research that connects mental illness and suicide, with major depression and other mood disorders presenting the most significant risk (4).
- People who abuse substances are at greater risk of suicide from the adverse effects of the drugs and/or alcohol, and the mental illness that often accompanies the addiction.

### Survivors of Suicide

- Survivors of suicide include family members or friends of someone who has died by suicide, or those who attempt suicide, but do not die (4).
- Those who have attempted suicide are at a higher risk to attempt again (18).
- Grieving a loved one who has died by suicide can be a traumatic experience made more complex by the confusion, shame and self-blame that often follows.

- Research demonstrates that when the bereavement is accompanied by social isolation and stigma, that survivors are at an increased risk of attempting suicide (16).

### Middle Aged Men

- Men are known to die by suicide at a rate that is significantly higher than for women. In fact, three of four deaths by suicide in Alberta are male (1).
- One explanation for this disparity is that men at risk of suicide tend not to engage in help seeking behaviours and will often mask their stress or depression (10). They are also known to select more lethal means of suicide.

### Masculinity and Suicide

The social construction of masculinity can present challenges and risks that are associated with significantly increased suicidality. Fears of being stigmatized and being seen as weak often prevent boys and men from sharing their emotions and from seeking help and support. Dominant masculinity places higher value on independence, aggression, and strength while diminishing the value of emotional expression, introspection and social connection. Suicide prevention efforts will need to promote the value of social and emotional connectedness and challenge the harmful stereotypes upon which the construction of masculinity is often based. Also needed are ways of encouraging boys and men to seek out help and to bring them together to share their challenges in supportive and understanding environments.



# The Implementation Plan

Living Hope promotes a comprehensive preventative approach that seeks to enhance access to the protective factors that decrease the risk of suicide. The implementation plan upholds the inherent value of every person and recognizes that Edmontonians, both as service providers and as community members, can offer the compassion, respect and hope needed to increase resilience and nurture hope for those contemplating suicide.

## Guiding Principles

The guiding principles from the Edmonton Suicide Prevention Strategy were used in developing the implementation plan:

1. A collaborative, coordinated, comprehensive and community-wide approach is essential.
2. Strong local relevance.
3. The priority actions and suggested activities should promote protective factors, while mitigating risk factors.
4. A shift is required from a strictly medical response to a community-driven, holistic, trauma informed one.
5. Competence in working with diverse populations is crucial as all Edmontonians are to be understood in the context of their environment and culture.
6. Emphasis is placed on both evidence informed practices and the wisdom of lived experience.

## Core Values



## Assumptions

### Priority for the Community

Suicide has a devastating and widespread impact on the community and there is an ever increasing willingness to engage in preventative efforts. The assumption is that this plan's comprehensive approach will resonate with both service providers and the broader community.

### Flexibility and Adaptability

The strategy and implementation plan were both created based on the current context, knowledge and data available. With time, programming, research and new knowledge may emerge that has direct implications for the plan. It is assumed that there will be room for the implementation plan to respond to these emerging ideas and update where necessary.

### Partnerships

The implementation plan requires a coordinated effort from multiple partners to be successful. The plan assumes that those identified as partners will play an active role in implementation.

### Integration

It is assumed that the implementation plan will find common purpose with that of other initiatives, and that this alignment will lead to an integration of suicide prevention into other areas of preventative work, most notably with services that support people dealing with substance misuse and poor mental health.

### Funding

The implementation plan was developed based on the assumption that multiple funding sources will make resources available to implement these actions over three years.

It is assumed that many of the interventions outlined in the implementation plan will be carried out with existing funding, but there will also be additional funds to expand programs and services that are effective, and then to support the creation of programs and services that are promising or have been demonstrably effective elsewhere.

### Sustainability

A sustainability plan will need to be developed to support the work of this plan beyond three years. As much of the work involves building relationships for improved collaboration, striving for sustainability will involve continuing to share information and resources between partners. Activities that require additional resources should be identified early on in order to explore future funding sources.

## Opportunities to Address Gaps and Barriers

### Enhance Coordination and System Integration

Excellent suicide prevention programming and initiatives exist in Edmonton, and multiple organizations have suicide prevention within their mandates. However, a lack of coordination and integration creates a barrier to seeking help for mental health issues and hampers seamless transition between services for community members.

(Addressed in Objective 5)

### Reduce Stigma

Although improved over the last few years, stigma continues to create a barrier to discussing, and seeking help for mental health issues. The opportunity for primary prevention is therefore missed. Moreover, the additional stigma associated with suicide often prevents those at risk from openly discussing their ideation or plans with others, including clinicians.

(Addressed in Objective 1)

### Address Culture and Attitudes

Related to stigma are the cultural norms and attitudes that prevent help seeking behaviour and open discussion. One example is the culture in some workplace environments perpetuating employees' beliefs that their mental health is not a priority, and that reaching out for help could be seen as a weakness impacting their ability to do their job.

(Addressed in Objective 3)

### Increase Understanding

Both amongst the general population, as well as within many care providing organizations, there exists a need to better understand who is at risk of suicide, the risk factors associated with suicide or how best to offer assistance.

(Addressed in Objectives 1,2 & 6)

### Improve Surveillance

Comprehensive data collection and analysis does not exist for suicide in Edmonton. Investigation processes currently used to determine cause of death do not collect complete demographic information, data which would enhance the development of effective, targeted interventions. There are also challenges associated with classifying the manner of death, as a suicide could appear as an accident. Generally, the statistics that are available paint an incomplete picture.

(Addressed in Objective 7)



# Stakeholder Consultation

Living Hope is based on a collective impact approach to suicide prevention. It is through the collective and coordinated action of multiple community partnerships that will lead to successful implementation of the plan. Collective impact is a way of working designed to achieve large-scale social change involving multiple stakeholders and across sectors using:

- A common agenda - or shared vision for change
- Shared measurement systems
- Mutually reinforcing activities
- Continuous communication
- A backbone support organization

Throughout the development of this plan the Committee was able to draw upon the collective wisdom and experience that exists within the community. The Committee would like to thank and acknowledge the contributions of these many organizations and individuals who participated in advisory team sessions, focused discussions and one-on-one conversations, or who acted as external reviewers. The Committee is also appreciative of those Edmontonians who shared their personal experiences and support for the community plan. It was through these opportunities that the activities outlined in this plan came to life.

1. Addiction and Mental Health Branch, Alberta Health
2. ALIGN, Association of Community Services
3. Angela Roblee
4. Bent Arrow Traditional Healing Society
5. Betty Wedman, Inspired Living
6. Bissell Centre
7. Canadian Mental Health Association
8. Centre for Suicide Prevention
9. Children's Services, Government of Alberta
10. City Chaplain, City of Edmonton
11. College of Physicians and Surgeons of Alberta
12. Community and Social Services, Government of Alberta
13. Community Helpers Program, Alberta Health Services
14. Community Initiatives Against Family Violence
15. Compass Centre for Sexual Wellness
16. Continuing Care, Alberta Health Services
17. Counselling Services & Youth Leadership Programs, YWCA
18. Department of Psychiatry, University of Alberta
19. Dreamcatcher
20. e4c
21. Edmonton Catholic School District
22. Edmonton Mennonite Centre for Newcomers
23. Edmonton Police Service
24. Edmonton Remand Centre
25. Elizabeth Fry Society of Edmonton
26. Emergency Medical Services, Alberta Health Services
27. End Poverty Edmonton, Indigenous Circle
28. Family & Community Supports, City of Edmonton
29. Family Violence Prevention Team, City of Edmonton
30. Health & Wellness Promotion, Alberta Health

31. Homeward Trust
32. iHuman Youth Society
33. Indigenous Health Program, Alberta Health Services
34. Individual and Family Wellbeing, City of Edmonton
35. Inner City Youth Development Association
36. Institute for Sexual Minority Studies & Services, Faculty of Education, University of Alberta
37. Jasper Place Health and Wellness Centre, Housing First Program
38. Johnathan Dube, Student, University of Alberta
39. Kids in the Hall Bistro Program
40. Lorna Thomas
41. Population, Public & Indigenous Health, Alberta Health Services
42. MacEwan University
43. Mental Health Commission of Canada
44. Momentum Walk in Counselling
45. Multicultural Health Brokers
46. Nadine Laboucane
47. Office of the Child and Youth Advocate
48. Residence Life - Lister Centre, University of Alberta
49. Sexual Assault Centre of Edmonton
50. The Canadian Armed Forces
51. The Candora Society
52. The Family Centre
53. Vanlee Roblee



# Alignments

There are multiple initiatives under way at both the provincial and local levels aimed at improving access to mental health supports and enhancing mental wellness. Suicide prevention builds on these. In developing the implementation plan, care has been taken to add value to, rather than duplicate the initiatives outlined below:

## **Alberta Health's - Valuing Mental Health: Next Steps**

Valuing Mental Health: Next Steps furthers the Government of Alberta's community-based health vision by improving continuity of addiction and mental health services and supports within the health system and in the community. Its actions focus on coordinating and integrating services across the health sector and with community service providers, with an emphasis on meeting the needs of vulnerable and underserved groups.

## **Alberta Health Services (AHS) Alberta Suicide Prevention Action Plan**

This action plan will facilitate joint planning, priority-setting and resource advocacy at the AHS Provincial and Zone levels in the development of coordinated suicide prevention resources, programs and services. Examples of some of the key focus areas include developing priority initiatives to address gaps, building internal capacity for suicide prevention, monitoring and surveillance, and advocating for supporting policy development.

## **Community Mental Health Action Plan**

The Community Mental Health Action Plan is a partnership of more than 50 stakeholders working to support all organizations involved in mental health and addiction in Edmonton and Area to maximize collective resources, leverage opportunities to respond to existing gaps in service, and foster innovative approaches to integrate supports and services. This is accomplished by taking meaningful action in three areas:

- Service Delivery
- System Integration
- Evidence Foundation

## **The City of Edmonton's Urban Isolation/ Mental Health Initiative**

This Council Initiative recognizes that there is a strong link between social connectedness and well-being. Activities that take place within this initiative are intended to encourage people to feel connected to a supportive community as they will be less likely to experience stress, depression, loneliness and isolation. The work of Living Hope takes place within this initiative.

## **End Poverty Edmonton**

Launched in 2015, the End Poverty Edmonton Strategy aims to end poverty in Edmonton in a generation. By identifying access to mental health services as a 'Game Changer,' End Poverty Edmonton recognizes that people with mental illness are at greater risk of living in poverty. However, when mental health services are in place their economic outcomes improve.

To advance the goals of the End Poverty Edmonton Strategy, and to implement the initial priorities for action, a five-year Road Map was developed. Addressing suicide was identified as Action 26, which seeks to advance partnerships to support, and ultimately resource, the implementation of the Edmonton Suicide Prevention Strategy as part of the City of Edmonton's Urban Isolation/Mental Health Initiative.

## **Government of Canada - Suicide Prevention Framework**

The framework contributes to the implementation of the Mental Health Strategy for Canada: Changing Directions, Changing Lives, which is focused on improving the mental health and wellbeing of all Canadians. It also aligns with the First Nations Mental Wellness Continuum Framework which is designed to help partners work more effectively with federal, provincial and territorial programs within a comprehensive mental wellness system for First Nations.

## **University of Alberta's Suicide Prevention Strategy**

The University of Alberta has developed a suicide prevention strategy that seeks to address the challenges and opportunities that exist in the student population.

## **Youth Suicide Prevention Plan**

The Government of Alberta is taking action to develop a youth suicide prevention plan which will be informed by universal approaches taken, as well as targeted approaches for youth sub-populations at a higher relative risk of suicide, including Indigenous youth. Developing preventative actions to address Indigenous youth suicide requires culturally meaningful and respectful connections with Indigenous communities. As such, the Youth Suicide Prevention Plan consists of two parallel streams of activity: one stream focused specifically on the unique challenges, history and context that face Indigenous youth today. The Youth Suicide Prevention Plan is focused on identifying best and promising practices related to youth suicide prevention; identifying and connecting existing support services; and identifying and addressing current and potential gaps in services.

## Partnership Highlight: Community Mental Health Action Plan

Released in October of 2016, the Community Mental Health Action Plan aims to ensure that everyone involved in mental health and addiction in Edmonton and Area has the opportunity to maximize collective resources, leverage opportunities to respond to existing gaps, foster innovative approaches and identify a continuum of integrated supports and services. This is accomplished by taking meaningful action in three areas:

1. System Integration
2. Service Delivery
3. Evidence Foundation

Much of the work underway in the Community Mental Health Action Plan mutually reinforces the actions outlined in Living Hope. Throughout this document efforts are made to build upon the work already underway in areas such as system integration rather than duplicate efforts between these plans.

The implementation of the Community Mental Health Action Plan is jointly funded by the Government of Alberta and the City of Edmonton. The City of Edmonton is also a major partner and sponsor of Living Hope.

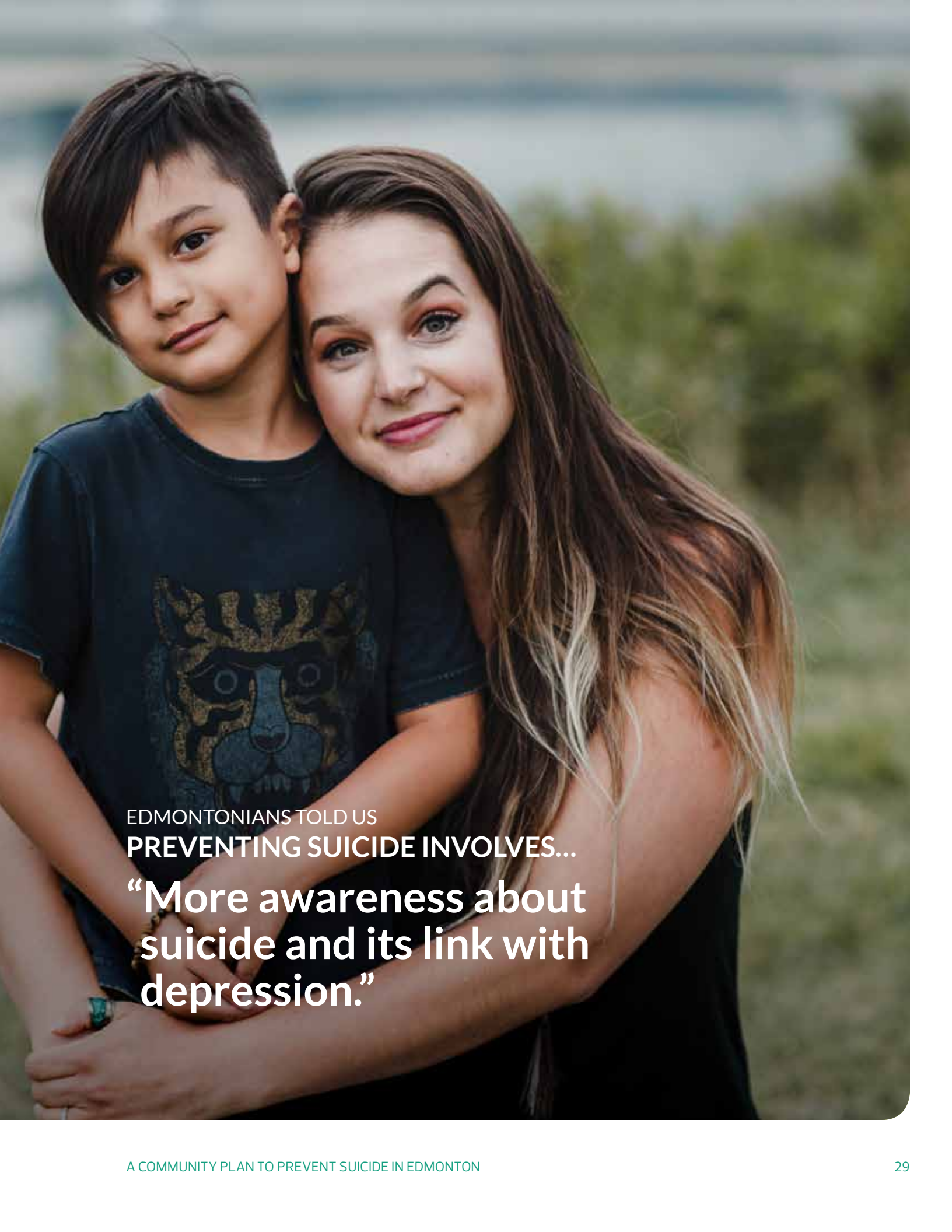


Community  
Mental Health  
Action Plan  

---

EDMONTON & AREA

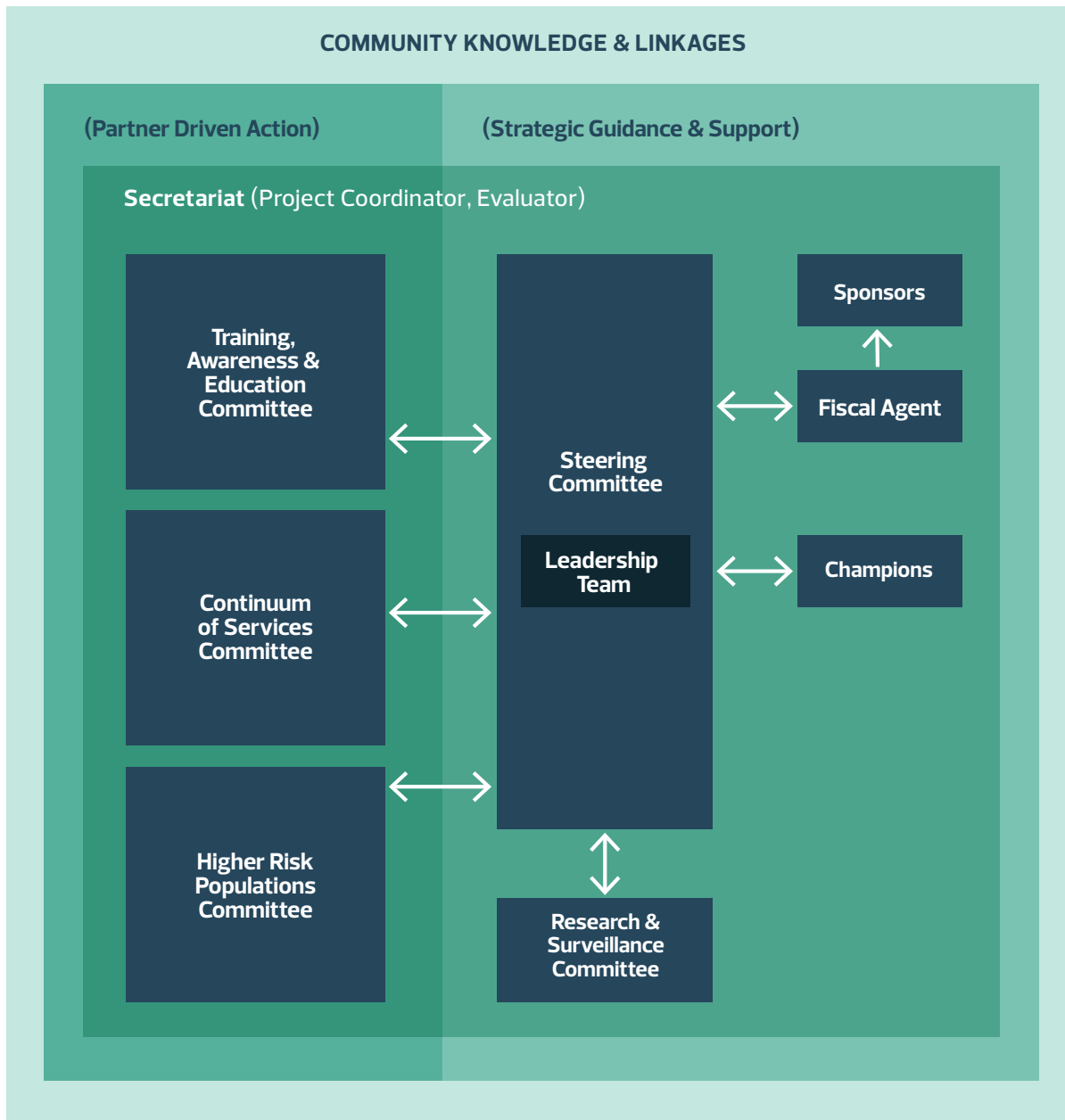




EDMONTONIANS TOLD US  
**PREVENTING SUICIDE INVOLVES...**

**“More awareness about  
suicide and its link with  
depression.”**

# A Convening Entity: The Community-Based Implementation Team



## **Governance and Accountability**

No one order of government or sector can shoulder the sole responsibility for suicide prevention. The creation of a Community-Based Implementation Team as the convening entity, demonstrates broad-based commitment to action and accountability across sectors and stakeholders representing our community's determination to create change. The Community-Based Implementation Team will be accountable to the multiple sponsors of the plan, to the community and governmental partners who have committed to being a part of implementation, and to all Edmontonians through an annual progress report and update.

### **Benefits of the Community-Based Implementation Team:**

- Enhanced capacity for collaboration, coordination and communication
- Accountability
- Responsiveness to community identified needs
- Mobilization

### **Structure of the Community-Based Implementation Team**

#### **Steering Committee:**

The steering committee, consisting of multi-sector partners, will provide strategic oversight and direction to ensure that activities underway remain consistent with the implementation plan goals, outcomes, and objectives. This committee will also address emerging issues and opportunities identified within the plan, and will consider sustainability of successful activities beyond the three year mandate of the implementation plan.

#### **Leadership Team:**

The leadership team, composed of a small subset of the steering committee will steward the work of the Community-Based Implementation Team. This action-oriented team will make key budget decisions.

#### **Research and Surveillance Committee:**

This committee will lead a coordinated effort around research and surveillance, identify opportunities for future research, identify areas of emerging research that link to actions, and coordinate the collection and reporting of suicide data within Edmonton.

#### **Sponsors:**

Sponsors are identified as those who provide funding or other resources that will support the implementation of the plan.

#### **Fiscal Agent:**

The fiscal agent will coordinate the disbursement of funds according to allocation decisions, monitor expenses and report on the status of resourcing to the steering committee and funders of the plan.

#### **Champions:**

Champions will promote the ongoing implementation of the work outlined in the plan and make an effort to link this work to other high-profile work.

#### **Partner Driven Action Committees:**

The partner driven action committees, which are organized around the three goal areas will coordinate and mobilize the implementation plan's activities in a collective effort. The composition of the committees should include front line service providers, representatives from the private sector, those representing high risk groups, as well as those with lived experience.

#### **Secretariat:**

The secretariat will support the work of the committees by providing project support such as coordination and evaluation.

#### **Community Knowledge and Linkages:**

Embedded throughout the Community-Based Implementation Team, community knowledge and linkages will ground implementation in the experiences of community members and particularly those with lived experience.

# A Guide to Reading the Actions

## Activities:

Suggested activities are divided into those activities that will be a focus of committee work within the Community-Based Implementation Team and those that can be implemented primarily by partner organizations. This separation is meant to demonstrate where the bulk of the collaborative work of the committees will lie. All activities considered together are important in contributing to the stated objectives and will be considered in the evaluation.



**Quick wins** are identified as relevant, and in some cases, new pieces that can be implemented immediately.



**Highlights** are intended to bring forward relevant, and in some cases new, pieces of work that are related to suggested activities.



**Contributors Told Us:** These are comments that were brought forward by contributing agencies or individuals. This information is meant to be taken as advice for the Community Based Implementation Team to consider when implementing the actions.



**Potential leads** were chosen based on the suggested activities outlined in each section. In most cases potential leads include agencies that have been engaged in the development of the Strategy and Implementation Plan and will continue to provide leadership in implementation.



**The timeline** indicates in what year (or years) the activities should be implemented based on a three year timeline.



**Estimated cost** provides an initial estimate of the cost associated with implementing the activities over three years. Operating budget refers to the funds provided to facilitate the overall work of the Community Based Implementation Team committees.

# Goal 1


To provide awareness and education that promotes positive mental health, reduces the stigma of suicide and provides an understanding of how to help someone considering suicide

## Objective 1

Increasing Edmontonians' awareness of mental health and suicide prevention

**PRIORITY ACTION 1.1** Develop a public awareness campaign to promote a public conversation about mental health and its connection to suicide, reduce stigma, encourage help-seeking behaviours, and educate the public on how to help someone considering suicide.

### ACTIVITIES FOR THE TRAINING AND AWARENESS COMMITTEE:

-  a. Add suicide prevention resources to the Link YEG mobile application
- b. Contract a communications specialist to develop an Edmonton specific public awareness campaign using a variety of tools, including social and traditional media, print materials, online resources and interactive activities.
- c. Partner with organizations that share aligned public awareness mandates, such as Alberta Health Services – Provincial Injury Prevention Program (PIPP), the Canadian Mental Health Association and the Movember Foundation, to increase awareness of suicide prevention particularly on World Suicide Prevention Day.
- d. Increase opportunities to create community connections and a greater sense of belonging through partnerships with the City of Edmonton's' Urban Isolation and Mental Health Council Initiative and other programs, such as Abundant Community Edmonton.

### SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:

- a. Include the Addiction and Mental Health Mobile Application Directory developed by Alberta Health Services in the dissemination of promotional materials and resources.




Years One to Three




\$ 330,500



City of Edmonton / Canadian Mental Health Association – Edmonton Region / Alberta Health Services (PIPP)

 HEADSTRONG is an evidence-based anti-stigma initiative created by the Mental Health Commission of Canada (MHCC). It inspires youth ages 12–18 to Be Brave, Reach Out and Speak Up about mental health. Now a national initiative, HEADSTRONG teaches students how to reduce stigma and become mental health champions in their schools.

 Help4me.ca is a website to help young people recognize and understand early signs and symptoms of addiction and mental health problems that they, or someone they know may be facing.

### COMMUNITY CONTRIBUTORS TOLD US...

Involve feedback of likely end users to ensure language, tone and literacy levels are appropriate.

Ensure public awareness messaging is inclusive of narratives and images that resonate with high risk groups.

Provide public education for 'bystanders' to be able to identify and intervene when they see warning signs of suicidal behaviour.

Reference information shared by the MHCC Opening Minds Initiative.

Encourage self care and the importance of developing healthy coping strategies.




**PRIORITY ACTION 1.2** Work with interested media to update guidelines around suicide reporting and respectful terminology to consider when discussing at-risk populations.

**ACTIVITIES FOR THE TRAINING AND AWARENESS COMMITTEE:**

- a. Collaborate with representatives from the local media to develop and share guidelines around suicide reporting and respectful terminology that can be considered by local reporters, editors and columnists as a resource when reporting on suicide.

 Year One    2,000    TBD

 'Mindset Reporting on Mental Health' Media Guide developed by the Canadian Journalism Forum on Violence and Trauma.

**COMMUNITY CONTRIBUTORS TOLD US...**

Consider using recovery oriented language that conveys a sense of hope and potential for the individual, and an expectation for recovery and progress.





# Objective 2

Train more community ‘gatekeepers’ so they are able to effectively support individuals at risk of suicide

**PRIORITY ACTION 2.1** Expand suicide prevention training opportunities for staff of organizations who work with higher risk populations and those vulnerable during transition times, to identify risk, provide assessment and facilitate referral.

**ACTIVITIES FOR THE TRAINING AND AWARENESS COMMITTEE:**

-  a. Increase the availability and accessibility of evidence-based suicide prevention training programs such as Applied Suicide Intervention Skills Training (ASIST), and Question, Persuade, and Refer (QPR) and AHS Suicide Prevention Training.
-  b. Increase the availability and accessibility to mental health promotion training among community agencies such as the Mental Health First Aid (MHFA) training, The Inquiring Mind, and Community Helpers Program.
- c. Increase awareness of online training in trauma informed practice, healthy brain development, and the impacts of the Social Determinants of Health on mental health and suicide.

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. Include suicide prevention training and capacity building in the work already underway in the Community Mental Health Action Plan which includes:
  - Conduct an environmental scan to determine what evidence-based training opportunities are available.
  - Promote 211 and the Distress Line as a referral resource.
  - Expand access to evidence-based training opportunities among human resource staff and other non-traditional supports in the community.
  - Work with relevant professional faculties and colleges to identify opportunities to embed additional training, or course content in their curricula requirements.
- b. Increase enrollment of stakeholders working with high risk groups in the Information Sharing Strategy (ISS) online courses and training, so they can better understand how to share information based on privacy legislation and best practices.

 Years One to Three     785,400     Community Mental Health Action Plan / Alberta Health Services (PIPP)/Canadian Mental Health Association – Edmonton Region

**Who is a “gatekeeper”?**

This refers to an individual who has direct contact with many community members as part of their daily routine. As such they are in a good position to identify those at risk of suicide and refer them to treatment or supporting services as appropriate

**COMMUNITY CONTRIBUTORS TOLD US...**

Support and accelerate efforts to increase the flexibility of training to allow for variations based on the audience, most notably for Indigenous, LGBTQ2S and multicultural communities.

Incorporate the importance of a supportive transition between care providers (also referred to as ‘warm hand off’) and follow-up into training.

Better coordination among the community agencies that assist newly released prisoners with vital services—including probation supervision, primary health care, and community mental health, substance misuse, and social support—might help prevent suicides among these vulnerable individuals.




**PRIORITY ACTION 2.2** Promote training for health professionals, in particular family physicians and health care practitioners, so that they are better able to screen, assess, and appropriately respond to patients experiencing suicidal ideation.


**ACTIVITIES FOR THE TRAINING AND AWARENESS COMMITTEE:**


- a. Increase enrollment in existing training programs available for healthcare professionals such as:
  - Suicide: Facing the Difficult Topic Together – Empowering Physicians, Instilling Hope in Patients.
  - Suicide: Facing the Difficult Topic Together – Empowering Nurses, Instilling Hope in Patients, a practical online suicide prevention module for nurses.
- b. Identify opportunities for enhanced suicide prevention training for physicians and other health professionals connected to a Primary Care Network (PCN) within the Edmonton Zone.

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. Report key findings from the implementation of AHS' suicide prevention training plan for AHS staff so other organizations can learn about leveraging suicide prevention training opportunities.

 Years One and Two     Operating Budget     Alberta Health Services (PIPP)

 AHS offers a Trauma Informed Care online learning series for external users, the purpose of which is to increase knowledge about trauma and the impact it has by creating connections, sharing knowledge and resources.

 AHS' Provincial Injury Prevention Program allocates approximately \$600,000 annually to planning, developing, implementing and evaluating Suicide Prevention Training targeting AHS staff.

**COMMUNITY CONTRIBUTORS TOLD US...**

Work towards the inclusion of the social determinants of health in suicide risk assessments.

Consider an organizational development training model to build capacity in suicide prevention.



# Goal 2

To ensure the whole continuum of services - prevention, intervention, postvention - is fully accessible

## Objective 3

Increasing accessibility of preventative services that advance positive mental health and safety in schools, workplaces and communities

**PRIORITY ACTION 3.1** Collaborate with local school boards as they create caring, respectful and safe learning environments that support mental health, foster a sense of belonging and prevent bullying.

### ACTIVITIES FOR THE CONTINUUM OF SERVICES COMMITTEE:

- a. Establish a connection with the Edmonton Regional Collaborative Service Delivery (RCSD) as they work collaboratively through inter/multi-disciplinary teams to provide the right supports and services at the right time and place by building the capacity of school staff, service providers, and families in enhancing the success of children and youth
- b. Advocate for the continued expansion of the Community Helpers Program in schools and post-secondary settings.
- c. Provide suicide prevention resources to and advocacy for the Gay-Straight Alliances in Edmonton schools.
- d. Act as a designate on the Edmonton Regional Post-Secondary Mental Health Committee in the implementation of the Next Steps to Improve Post-Secondary Mental Health.



Years One to Three



\$ 10,500



Canadian Mental Health Association – Edmonton Region / RCSD / Alberta Health Services (PIPP)

- Q Mental Health Education Series: A series of Education Sessions for parents, caregivers and teachers that will increase awareness of mental health challenges.
- Q Professional Development Presentations: The Children Youth and Families – Addiction and Mental Health Education Team of Alberta Health Services provides basic, intermediate or advanced information and evidence-based strategies that will support student mental health.
- Q The Government of Alberta has committed \$25.8 million over the next three years, which represents a significant increase in funding to support post-secondary mental health in Alberta.
- Q School boards in Southern Alberta are developing a common protocol for students demonstrating suicidal ideation. This will be available to schools throughout the province once it is complete.
- Q AHS' Provincial Injury Prevention Program allocates 1,300,000.00 annually to coordinate the Community Helpers Program across Alberta, including 5 partner organizations in the Edmonton Zone.


### COMMUNITY CONTRIBUTORS TOLD US...




Include teachers and other school staff in training opportunities.


Develop public awareness strategies that are appropriate for children and youth and that can be disseminated in schools.

**PRIORITY ACTION 3.2** Promote programs that address workplace psychological health and safety.

**ACTIVITIES FOR THE CONTINUUM OF SERVICES COMMITTEE:**

-  a. Increase awareness and accessibility of workplace mental health training, such as CMHA's *Mental Health Works* and *Working Minds*.
- b. Increase awareness and adoption of the *Psychological Health and Safety Standards* developed by the Mental Health Commission of Canada.
- c. Increase awareness of the Suicide Prevention Resource Centre's *'Tough Enough to Talk About It'*.
- d. Advocate for the inclusion of suicide prevention training for staff of Employee and Family Assistance Providers.

 Years One and Three     \$ 61,200     City of Edmonton / Canadian Mental Health Association - Edmonton Region

 A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide by the Workplace Postvention Taskforce by the American Association of Suicidology.

**COMMUNITY CONTRIBUTORS TOLD US...**


Focus efforts on workplaces that can be identified as high stress environments, or that have a higher representation of employees at the highest risk of suicide.

**PRIORITY ACTION 3.3** Explore ways of reducing access to lethal means in the physical environment.

**ACTIVITIES FOR THE CONTINUUM OF SERVICES COMMITTEE:**

- a. Share data and best practices with government, private, and nonprofit agencies to consider suicide prevention in infrastructure development. Utilize learnings from the implementation of the standardized assessment tool employed by Alberta Health Services.
- b. Increase awareness of the *Counselling on Access to Lethal Means* (CALM) course among service providers.

 Years Two and Three     Operating Budget     City of Edmonton / Alberta Health Services

 The College of Physicians & Surgeons of Alberta (CPSA) is a leader in monitoring prescribing practices through their Triplicate Prescription program (TPP). TPP monitors the use of certain drugs prone to misuse and abuse in Alberta. TPP is administered by CPSA in collaboration with partner organizations. TPP collects prescribing and dispensing data for listed drugs.




# Objective 4



Increasing accessibility of mental health interventions and postvention services

**PRIORITY ACTION 4.1** Build on existing best practices for those with mental illness and addictions to reduce their risk of suicide.

**ACTIVITIES FOR THE CONTINUUM OF SERVICES COMMITTEE:**

- a. Include information on the Alberta Health Services Mobile Response Team, and Access 24/7 Hub, the centralized intake services being developed by Alberta Health Services – Addictions and Mental Health (AMH) in promotional materials and suicide prevention resources.
- b. Collaborate with mental health providers to improve timely access for those at risk of suicide to therapeutic interventions (including online services) that have been demonstrated to be effective and are evidence-based.

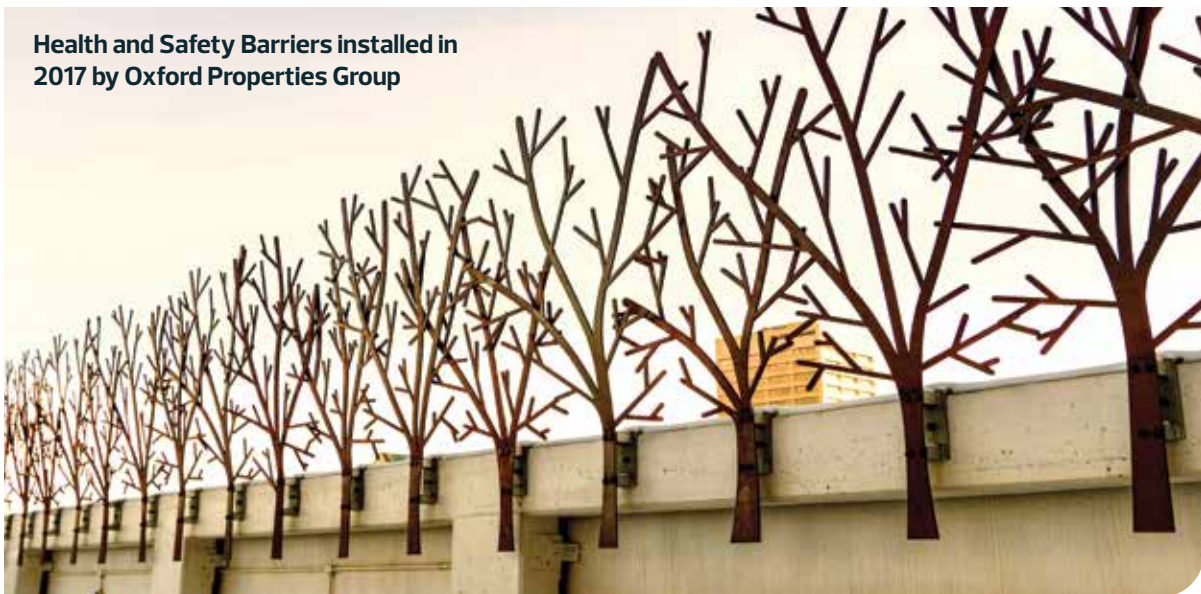
 Years One to Three     2,500,000     Alberta Health Services (AMH)

-  Drop-In Single Session Counselling: free drop-in psychological counselling services. Intern therapists provide individual, couples/partners and family single-session therapy. Services include referrals to additional services.
-  ACCESS Open Minds: a pan-Canadian research initiative that aims to improve access to mental health and addiction services for youth aged 11-25 years. Two sites are now open in Edmonton.

**COMMUNITY CONTRIBUTORS TOLD US...**

Connect and consult with families who have lived experience of loved ones who are struggling with mental illness and addictions.

**Health and Safety Barriers installed in 2017 by Oxford Properties Group**



*Photo Courtesy of RJC Consultants*

**PRIORITY ACTION 4.2** Increase awareness of postvention options that are available for those who have attempted suicide, and for the families and loved ones of those who have died by suicide.

**ACTIVITIES FOR THE CONTINUUM OF SERVICES COMMITTEE:**

- a. Promote bereavement support services as essential for those who have lost someone to suicide. In addition to therapeutic supports, these services should also include opportunities to gather for connection and commemoration.
- b. Explore the need for respite centres for recurring suicidality in Edmonton.
- c. Increase availability of CMHA-ER's post-suicide debriefings for schools, agencies and workplaces.
- d. Increase awareness of Indigenous Ceremony that is available following the death of a loved one such as ceremony offered by Bent Arrow Traditional Healing Society.
- e. Conduct a needs assessment to assist in determining what additional follow-up needs those grieving a death by suicide require.

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. Increase awareness of the following toolkits and guides for survivors:
  - i. The revised MHCC Toolkit for Survivors of Suicide Loss and Postvention Professionals,
  - ii. The CMHA-ER toolkit which includes resources for those who have lost someone to suicide and for caregivers of chronically suicidal.
  - iii. The AHS' Hope and Healing: A Practical Guide for Survivors of Suicide.
  - iv. The AHS' Healing Your Spirit: Surviving After the Suicide of a Loved One.



Years One to Three



\$ 81,000



CMHA-Edmonton Region / Alberta Health Services



An Evening to Remember is an annual gathering to honour and remember loved ones who have died by suicide. Together, those present celebrate the memories in a safe and supportive environment sharing smiles and tears, laughter and sorrow.

# Goal 3

To address the needs of higher risk populations

## Objective 5

Engaging those serving high-risk populations in collaborative and coordinated practices

**PRIORITY ACTION 5.1** Incorporate suicide prevention and positive mental health promotion into new and existing addiction and mental health initiatives.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Collaborate with the Community Mental Health Action Plan and Alberta Health Services on work underway to enhance system navigation and integration for those at risk of suicide.
- b. Provide representation on the Valuing Mental Health: Next Steps Advisory Committee, Integration Committee and/or Task Groups.



Years One to Three



Operating Budget



Community Mental Health Action Plan /  
City of Edmonton / Alberta Health Advocates /  
Alberta Health Services (PIPP)

**PRIORITY ACTION 5.2** Advocate for coordinated discharge and transition planning in hospital emergency departments, mental health service delivery systems and custodial settings to ensure relevant health, community, cultural and social supports are leveraged for a comprehensive discharge plan.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Advocate for policies and protocols that enhance the discharge and referral process for patients contemplating suicide.
- b. Advocate for increased support for community programs that directly support those discharged from emergency departments or from inpatient care following a suicide attempt, ideation, or self harming behaviour.

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. For emergency department personnel to achieve greater standardization in the discharge of patients brought in for suicidal behavior, so that they are discharged with a plan in place.
- b. Develop suicide prevention screening, referral and follow-up protocols for those transitioning from custodial care, secure residential settings and from Child and Family Services care.



Years One to Three



3,300,000






Alberta Health Services (AMH)

**PRIORITY ACTION 5.3** Contribute to the development of comprehensive referral and bridging protocols for people at risk of suicide that ensure a supportive transition between care providers, where relationships of support are maintained.


**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Participate in collaborative efforts already underway by the Community Mental Health Action Plan to develop improved referral and bridging protocols for those at risk of suicide.

 Years Two to Three    Operating Budget    Community Mental Health Action Plan

**PRIORITY ACTION 5.4** Encourage professionals to share best practices and emerging research in the area of suicide prevention.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

-  a. Participate in the Alberta Suicide Prevention Community of Practice convened by AHS in order to include community organizations who serve high risk populations.
- b. Partner with CMHA-ER to position Edmonton as the host for the 2019 Canadian Association for Suicide Prevention Annual Conference.

 Years One to Three    Operating Budget    CMHA-ER / Centre for Suicide Prevention / Alberta Health Services (PIPP)






# Objective 6

Build on preventative best practices for populations experiencing high rates of suicide

**PRIORITY ACTION 6.1** Build on existing best practices for men that foster the creation of meaningful social connections which are protective against suicide.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Expand the availability of men's psychoeducational services such as *Men without Hats* and *Anchor*.
- b. Participate in existing community development initiatives for men in order to further develop preventative approaches for men at risk of suicide.
- c. Advocate and secure funding for new programming for men based on evidence-based practices and innovative models used elsewhere, such as *Men's Sheds*, to increase connectedness and enhance coping skills.
- d. Include online mental health resources tailored to men in promotional materials and resources such as *Head's Up Guys*, *Man Therapy*, and *Movember*.

 Years One to Three     \$ 165,000     City of Edmonton

**“There is a misconception that men don’t talk. Men do talk, need to talk and will talk if there is a safe space for them to do so.”**

– Focus group participant

**COMMUNITY CONTRIBUTORS TOLD US...**

The Alberta Men's Survey found that 1 in 3 men said societal/cultural expectations about being a man would prevent them from accessing supports, and 3 out of 4 don't know of available services and supports to help with wellbeing and relationship issues (13).

When engaging with men the spaces and the language used should be 'male-friendly'. For example, use facilities such as arenas, schools and restaurants for male-targeted messaging.

One proposed expansion of Men Without Hats includes *Gay Men Without Hats* that addresses the cultural particularities of being a gay man in need, in a heteronormative environment.



**PRIORITY ACTION 6.2** Build on existing best practices in LGBTQ2S communities that are protective against suicide.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Advocate for organizations to utilize tools such as the Gender-Based Analysis Plus (GBA+) to assess for any structural barriers in their policies and practices and to ensure sexual orientation and gender identity are not barriers to service.
- b. Increase awareness of the *Supporting Mental Health in Lesbian, Gay, Bisexual and Transgender Youth* workshop by Institute for Sexual Minority Studies and Services

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. Advocate for Employee and Family Assistance Programs to cover issues pertaining to sexual orientation and gender identity.



Years One to Three



Operating Budget



Pride Centre of Edmonton

**COMMUNITY CONTRIBUTORS TOLD US...**

Non-binary and Transgender people experience increased vulnerability among the LGBTQ2S Community.

The importance of providing advocacy and support for Gay Straight Alliances in schools.

**PRIORITY ACTION 6.3** Build on existing best practices for first responders that are protective against suicide.

**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Share best practices in addressing first responders' mental health needs, such as establishing a preferred mental health provider list and a high or unlimited number of counselling sessions that are billed anonymously.
- b. Determine the need for pre-retirement transition plans for First Responders, ensuring post-retirement supports are adequate.



Year One



Operating Budget



Edmonton Fire Rescue / Edmonton Police Service

**COMMUNITY CONTRIBUTORS TOLD US...**

Recent promising practices among first responder agencies in Edmonton have emerged such as enhanced therapeutic supports, specialized training (Road to Mental Readiness), and institutional shifts in culture.

**PRIORITY ACTION 6.4** Build on existing and promising practices from Indigenous communities that create capacity for self-efficacy and that are protective against suicide.




**ACTIVITIES FOR THE HIGHER RISK POPULATIONS COMMITTEE:**

- a. Invite those who are actively enhancing 'cultural continuity', and the contemporary preservation of Indigenous ways of knowing and being to share wisdom on suicide prevention in the Indigenous community.
- b. Advocate for training and programming offered to Indigenous-serving agencies, or Indigenous peoples, that allows for flexibility to meet the needs of the community.
- c. Increase awareness of the historical trauma informed training being offered by Trauma Informed Edmonton.

**SUGGESTED ACTIVITIES FOR COMMUNITY PARTNERS:**

- a. Increase organizational capacity to offer Mental Health Commission of Canada's Mental Health First Aid First Nations, MHFA Inuit, and MHFA Northern Peoples course by training staff to become trainers.

 Years One to Three     Operating Budget     Alberta Health Services (Indigenous Health Program)

-  Trauma Informed Edmonton seeks to educate the public on being 'trauma informed' in their professional and personal lives.
-  End Poverty Edmonton's Indigenous Circle is one of five community tables whose purpose is to ground the work of End Poverty in Indigenous knowledge.
-  The Government of Alberta is developing a Youth Suicide Prevention Plan which will include a stream of activity focused specifically on the unique challenges, history and context that face Indigenous youth today.

**COMMUNITY CONTRIBUTORS TOLD US...**

In order to recognize the role that Elders and other cultural experts and knowledge keepers play in Indigenous communities efforts should be made to ensure that budget and resource allocation reflects this.



# Objective 7

Ensure initiatives and policies are driven by the most current research and surveillance data

**PRIORITY ACTION 7.1** Enhance data collection to ensure effective surveillance, monitoring and evaluation.

### ACTIVITIES FOR THE STEERING COMMITTEE:

- a. Advocate for having consistent collection of demographic information included in the development of 'Connect Care', Alberta's Clinical Information System being developed and piloted in Edmonton.
- b. Advocate for a change to legislation to allow the medical examiner to gain access to the relevant information from the medical records of a person who has died by suicide.

### ACTIVITIES FOR THE RESEARCH AND SURVEILLANCE COMMITTEE:

- a. Explore the partnerships with AHS to provide community agencies with access to their Injury Surveillance Dashboard information and reports pertaining to suicide.
- b. Collaborate on the development of protocols for improved information sharing of suicide-related information to the AHS Surveillance Dashboard as a means of improving the collection of demographic and situational information of those dying by suicide.
- c. Disseminate suicide data in a more expedient manner.
- d. Develop protocols so that data and measurements can be shared between relevant stakeholders.
- e. Participate in local, national and international research on suicide prevention.



Years Two to Three



Operating Budget



Alberta Health Services (PIPP)



Connect Care is the bridge between information, healthcare teams, patients – and the future. The foundation of Connect Care is a common clinical information system, which will directly impact everyone who provides patient care within AHS. Through a common provincial clinical information system, Connect Care will enable the whole healthcare team, including patients, to have the best possible information throughout the care journey.

## Catalysts for Change

There are six priority actions identified which are fundamental to success and which, once implemented, will generate the momentum necessary to galvanize broader action.

They are:

Provide the community-based implementation team with adequate resources and leadership to carry out the implementation plan.

Promote training for health professionals, especially family physicians and key health care practitioners, so that they are better able to screen, assess, and appropriately respond to patients experiencing suicidal feelings. (2.2)

Coordinate discharge and transition planning in the Emergency Room, other mental health service delivery systems and in custodial settings to ensure relevant health, community, cultural, and social supports are leveraged for a comprehensive discharge plan. (5.2)

Develop comprehensive referral and bridging protocols for those at risk of suicide that ensure a supportive transition between care providers, where relationships of support are maintained. (5.3)

Build on existing best practices for men that foster the creation of the meaningful social connections that are protective against suicide. (6.1)

Enhance data collection to ensure effective surveillance, monitoring, and evaluation. (7.1)



# A Plan for Evaluation

Shared measurement systems are integral to a collective impact initiative. Given the number of stakeholders taking on the suicide prevention implementation activities, developing one comprehensive evaluation framework will be particularly important to ensure that all activities are mutually reinforcing and to identify gaps. This will include a suite of measures and indicators that will span across sectors to measure progress and impact of the actions included. Ongoing evaluation will also enable us to engage the committees in the development of measures and to make necessary adjustments to activities as progress is made towards the outcomes.

During the design of the implementation plan, the suggested actions from the strategy were further refined to ensure they lead to the desired outcome and that the output of those actions can be measured.

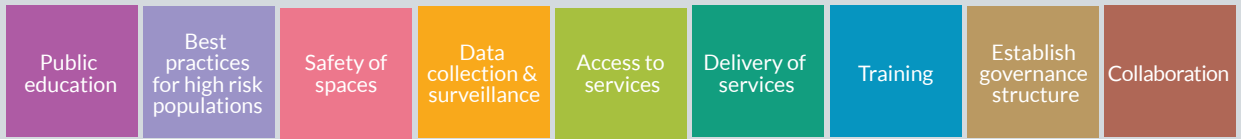
Presented on the following page is a logic model that will serve as a starting point in the development of a comprehensive evaluation framework. The model identifies various inputs and outputs and the connection between outcomes and goals.

The foundation of research in which this plan was built upon indicates that a comprehensive approach to suicide prevention is most effective in leading to long term positive outcomes. However, as is the case for many complex community issues, the timeframe between intervention and ultimate outcome such as a reduced suicide rate is well beyond three years. Given that suicide is also influenced by a multitude of factors including a range of personal, socio-cultural and economic conditions, the effect this plan will have on the suicide rate may be impacted to some extent by these factors. The success of this plan over the next three years will be best measured by also looking to the key performance indicators that will be developed for each of the objectives.



**1 INPUTS** Funding (various sources) Staff Time Professional Services Meeting Space Research

**2 ACTIVITY CATEGORIES\*** \*based on objectives



**3 OUTPUTS**

Training sessions	Awareness events	Terms of reference	School and workplace debriefs and presentations
Presentations	Resources	Warm hand off after discharge	# of individuals accessing centralized intake
AHS staff reached	Media campaign	Data is collected and shared	Primary Care Networks engaged
Tools developed	Guidelines	Alterations to physical space	Men's counselling sessions

**4 OUTCOMES**

- Outcome 1: Edmontonians are fully literate in mental health and its connections to suicide
- Outcomes 2,11: Higher risk Edmontonians are involved as full stakeholders in developing skills to promote resiliency and increase protective factors
- Outcome 3: Edmonton schools, communities and workplaces promote a safe environment and healthy relationships
- Outcome 4: Initiatives and policies are driven and measured by data and shared between relevant stakeholders.
- Outcome 5: Every door into the addiction and mental health system is the right door
- Outcome 6: Edmontonians involved in the social service and/or health systems are continuously supported by the most appropriate practitioner
- Outcome 7: Families of Edmontonians who have died by suicide or who have attempted suicide, receive the help they need
- Outcome 8: Professionals supporting Edmontonians struggling with suicide and suicidal ideation are equipped to care for each person with empathy and the most effective treatments
- Outcome 9: A suicide prevention community-based implementation team champions, stewards and monitors implementation of the strategy
- Outcome 10: Everyone working with at-risk populations is properly trained on suicide awareness and prevention
- Outcome 12: Communities of practice share tools and resources
- Outcome 13: Best practices are developed and promoted through rigorous data collection and outcome measurement

**5 GOALS**

- Goal 1: To provide awareness and education that promotes positive mental health, reduces the stigma of suicide and provides an understanding of how to help someone considering suicide**
- Goal 2: To ensure the whole continuum of services- prevention, intervention, postvention- is fully accessible**
- Goal 3: To address the needs of higher risk populations**





EDMONTONIANS TOLD US  
**PREVENTING SUICIDE INVOLVES...**

**“No matter where someone  
turns there is always an  
open door for help.”**

# Conclusion

The activities outlined in Living Hope will initiate an important change in our community: Edmontonians will have the information to talk openly and knowledgeably about suicide and service providers and frontline workers will have the training necessary to detect signs of suicidality and refer on. The plan will contribute to better integration to ensure that people experiencing suicidal ideation don't fall through the cracks and there will be specific initiatives underway to prevent suicidality among Edmontonians who are particularly at

risk. Additionally, diverse stakeholders will be coordinating their actions within the framework of one plan.

Now that the planning is complete, the committee believes there is readiness to move swiftly to action. The meaningful commitment of so many organizations, orders of government and individual community members demonstrates an unprecedented, community-wide resolve to tackle the tragedy of suicide; and to turn tragedy into hope.





# Bibliography

1. Alberta Centre for Injury Control & Research, (2012). Suicide and Attempted Suicide/Self-Inflicted Injuries in Alberta. Alberta Centre for Injury Control & Research.
2. Alberta Health, *Interactive Health Data*
3. American Association of Suicidology, (2014). Depression and Suicide Risk
4. American Association of Suicidology, (2012). *Survivors of Suicide Loss Fact Sheet*.
5. Amir, M., Kaplan, Z., Efroni, R., & Kotler, M., (1999). Suicide risk and coping styles in posttraumatic stress disorder patients. *Psychotherapy and Psychosomatics*, 68, 76-81.
6. Beck, A & Steer, R., (1989). Clinical predictors of eventual suicide: a 5- to 10-year prospective study of suicide. *J Affect Disord*, 17(3):203-9
7. Chandler, M., & Lalonde, C., (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations, *Transcultural Psychiatry* (35) 191-219.
8. End Poverty Edmonton, *End Poverty in a Generation*, 2015
9. Felittie, V., Anda, r., Nordenberg, D., Williamson, M., Spitz, A., Edwards, V., Koss, M., Marks, M., (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in adults: The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventative Medicine*
10. Johnson, J., Oliffe J., Kelly, M., Galdas, P., & Ogrodniczuk, H. (2011). Men's discourses of help seeking in the context of depression.
11. King SD. Midlife and older gay men and their use of physical and mental health services: Exploring the effects of health enablers, health need, psychosocial stress and individual health coping. (2010), Ohio State University. Corrigan, P., Druss, B., and Deborah A. Perlick. *The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care*, Association for Psychological Science
12. Kumar, Mohan B., (2016). Lifetime suicidal thoughts among First Nations living off reserve, Metis and Inuit aged 26 to 59: *Prevalence and associated characteristics*. Statistics Canada.
13. Lorenzetti, L., Lantion, V., Murwisi, P., Hoyt, M., Oliphant, F., Sathwani, H., Oshchepkova, T., & Este, D. (2016). The Alberta Men's Survey: A conversation with men about healthy relationships. Alberta Men's Network, Calgary, Alberta.
14. Navaneelan, T, Suicide Rates: An Overview. Statistics Canada
15. Olson, R. Trauma, Substance Abuse and Suicide Prevention
16. Pitman, A., Osborn, D. Rantell, K., & King, M., (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults, *BMJ Open*
17. Sanderson, M. (2016). The Epidemiology of Suicide in Alberta.
18. Werk, C.M., Vendenbergh, C., McLean, B., & Hanson, T. (2014). An Overview of Factors Related to Suicide and of Suicide Related Intervention Program in Alberta. *Alberta Centre for Child, Family & Community Research*.
19. World Health Organization and Calouste Gulbenkian Foundation. (2014) Social determinants of mental health. Geneva, World Health Organization.

# Appendix 1: Glossary

## **Adverse Childhood Experiences (ACEs)**

ACEs include emotional, physical and sexual abuse, household substance abuse, the mental illness of a caregiver, the incarceration of a family member, parental domestic violence and familial separation or divorce.

## **Edmontonians**

Anyone who is in Edmonton, whether or not they permanently reside in the city.

## **Evaluation**

The systematic and scientific process determining the extent to which an action or set of actions were successful in the achievement of pre-determined objectives. It involves measurement of adequacy, effectiveness and efficiency of health services.

## **Gatekeepers**

Individuals trained to identify persons at risk of suicide and refer them to treatment or supportive services.

## **High risk populations in Edmonton**

Groups of people who have higher rates of suicide than the general population

## **Intergenerational Trauma**

A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events.

## **Mental health**

A state of well-being where individuals realize their potential, can cope with normal stress of life, work productively, and contribute to their community.

## **Mental health literacy**

Knowledge and beliefs about mental disorders which aid their recognition, management or prevention.

## **Mental illness**

The full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently.

## **Mental health promotion**

The focus of health promotion is to strengthen and enhance the capacity for health that already exists; the focus of prevention is to avoid illness, which is seen as a lack of health.

## **Organizational Development**

Organization Development is the use of organization wide practices intended to expand the organizational effectiveness and performance.

## **Protective factors**

Factors that make it less likely a person will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

## Risk factors

Factors that make it more likely a person will develop a disorder; like protective factors, risk factors may encompass biological, psychological or social factors in the individual, family and environment.

## Social determinants of health

The social conditions and processes that promote and/ or undermine the distribution of health outcomes among population groups (3): income, education, employment, early childhood development, food security, housing, social inclusion.

## Suicide attempt

A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

## Suicidal ideation

Thinking about, considering, or planning suicide.

## Suicide prevention

Activities directed toward the reduction of suicidal behaviour. There are four levels:

- **primary prevention** refers to activities that create healthy and supportive environments where risk factors are minimized and protective factors are increased e.g. building youth self-esteem, parenting programs
- **secondary prevention** refers to activities that prevent the onset of suicidal crises with individuals who are identified as at risk e.g. gatekeeper training

- **intervention** refers to activities aimed at the immediate management of the suicidal crisis as well as longer term care and treatment of individuals at risk e.g. crisis lines, individual therapy, protocols for inter-agency collaboration for at risk individuals
- **postvention** refers to activities that deal with the aftermath of a suicide e.g. interdisciplinary emergency debriefing teams or bereavement support groups (4), and community mobilization for awareness/ development of protocols between agencies.

## Surveillance

The ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and to improve health.

## Trauma Informed Care

A systematic approach which ensures that all people receive services that are sensitive to the impact of trauma. Services are provided in ways that recognize needs for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.

# Appendix 2: Websites for Programs and Resources Referred to in Living Hope

## **211 and Distress line**

<https://edmonton.cmha.ca/programs-services/211-alberta-edmonton-and-area/>

## **A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide**

<https://suicideprevention.ca/wp-content/uploads/2014/05/A-Mangers-Guide-to-Suicide-Postvention-in-the-Workplace.pdf>

## **Abundant Community Edmonton**

[https://www.edmonton.ca/programs\\_services/for\\_communities/abundant-community-edmonton.aspx](https://www.edmonton.ca/programs_services/for_communities/abundant-community-edmonton.aspx)

## **ACCESS Open Minds**

<http://accessopenminds.ca/>

## **Anchor**

<https://www.momentumcounselling.org/anchor-mens-group/>

## **Brain Story Certification**

<https://www.albertafamilywellness.org/training>

## **Connect Care**

<https://www.albertahealthservices.ca/info/cis.aspx>

## **Drop-In Single Session Counselling**

[www.dropinyeg.ca](http://www.dropinyeg.ca)

## **Head's Up Guys**

<https://headsugguys.org/>

## **HEADSTRONG**

<https://www.mentalhealthcommission.ca/English/headstrong>

## **Healing Your Spirit: Surviving After the Suicide of a Loved One**

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ip-pipt-chc-healing-your-spirit-2017.pdf>

## **Help4me.ca**

## **Hope and Healing: A Practical Guide for Survivors of Suicide**

<https://www.albertahealthservices.ca/assets/healthinfo/ip/hi-ip-pipt-chc-hope-and-healing-brochure.pdf>

## **Information Sharing Strategy**

<http://www.humanservices.alberta.ca/department/information-sharing-strategy.html>



## Appendix 2 (continued)

**Link YEG**

<https://www.linkyeg.ca/>

**Man Therapy**

<https://mantherapy.org/>

**Men without Hats**

[https://www.edmonton.ca/programs\\_services/for\\_family\\_individuals/mens-support-services.aspx](https://www.edmonton.ca/programs_services/for_family_individuals/mens-support-services.aspx)

**Men's Sheds**

<http://menssheds.ca/>

**Mental Health Works, CMHA**

<http://www.mentalhealthworks.ca/>

**Mindset Reporting on Mental Health**

<https://suicideprevention.ca/wp-content/uploads/2015/08/Mindset.compressed.pdf>

**Movember Foundation**

<https://ca.movember.com/>

**Opening Minds, MHCC**

<https://www.mentalhealthcommission.ca/English/initiatives/11874/opening-minds>

**Psychological Health and Safety Standards, MHCC**

<https://www.mentalhealthcommission.ca/English/national-standard>

**Toolkit for Survivors of Suicide Loss and Postvention Professionals, MHCC**

<https://www.mentalhealthcommission.ca/English/initiatives/11889/tool-kit-survivors-suicide-loss-and-postvention-professionals>

**Trauma Informed Edmonton**

<https://www.traumainformededmonton.ca/>

**Urban Isolation & Mental Health Council Initiative**

[www.edmonton.ca/hello](http://www.edmonton.ca/hello)

## Appendix 2 (continued)

### Training

#### **AHS, Trauma Informed Care**

<https://www.albertahealthservices.ca/info/Page15526.aspx>

#### **ASIST**

<https://edmonton.cmha.ca/programs-services/applied-suicide-intervention-training-asist/>

#### **Community Helpers**

<https://www.albertahealthservices.ca/info/service.aspx?id=1073813>

#### **Counselling on Access to Lethal Means (CALM)**

<https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

#### **Mental Health First Aid**

<http://www.mentalhealthfirstaid.ca/en/course-info/courses>

#### **Supporting Mental Health in Lesbian, Gay, Bisexual and Transgender Youth workshop**

<https://www.eventbrite.ca/e/supporting-mental-health-in-lesbian-gay-bisexual-and-transgender-youth-tickets-38882449453#listing-organizer>

#### **Question, Persuade, and Refer (QPR)**

<https://www.qprinstitute.com/>

#### **Road to Mental Readiness**

<https://www.mentalhealthcommission.ca/English/road-mental-readiness-r2mr>

#### **Suicide: Facing the Difficult Topic Together – Empowering Physicians, Instilling Hope in Patients.**

#### **Suicide: Facing the Difficult Topic Together – Empowering Nurses, Instilling Hope in Patients, a practical online suicide prevention module for nurses.**

<https://www.mentalhealthcommission.ca/English/healthcaremodules>

#### **The Inquiring Mind**

[https://www.mentalhealthcommission.ca/sites/default/files/2017-09/MHFA%20TIM%20Research%20Pilot\\_Background\\_2017-09-07\\_FINAL-EN\\_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-09/MHFA%20TIM%20Research%20Pilot_Background_2017-09-07_FINAL-EN_0.pdf)

#### **The Working Mind**

<https://www.mentalhealthcommission.ca/English/working-mind>





# Do You or Someone You Know Need Help?

Call the Distress Line: 780-482-HELP (4357)

Call the Crisis Response Team: 780-342-7777

Call the Mental Health Help Line: 1-877-303-2642

## Not Sure Who to Call? Call 211

If you see someone in distress, you can help before emergency services are needed by calling 211 and pressing 3.

