



WORKING TOGETHER TO PREVENT SUICIDE IN CANADA

THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION

2022 PROGRESS REPORT



Government
of Canada

Gouvernement
du Canada

Canada

NOTE TO READERS:

This report contains content about suicide that may be sensitive for people. The following resources are available for help and support. If you or someone you know is in **immediate danger**, please call 9-1-1.

- **Talk Suicide Canada:** 1-833-456-4566 or text 45645 (evenings)
- Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868 (youth) or 741741 (adults)
- Hope for Wellness Help Line: 1-855-242-3310
- Trans Lifeline: 1-877-330-6366
- For Quebec residents: 1-866-APPELLE (277-3553) or visit suicide.ca

ADDITIONAL RESOURCES:

<https://www.canada.ca/en/public-health/services/suicide-prevention/warning-signs.html>

Également disponible en français sous le titre :

Rapport d'étape 2022 sur le Cadre fédéral de prévention du suicide.

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TABLE OF CONTENTS

MINISTER'S MESSAGE	2
EXECUTIVE SUMMARY.....	5
I. INTRODUCTION	7
II. SNAPSHOT OF SUICIDE IN CANADA	8
III. UPDATE ON FEDERAL ACTIVITIES.....	10
STRATEGIC OBJECTIVE 1: Reduce Stigma and Raise Public Awareness	11
STRATEGIC OBJECTIVE 2: Connect Canadians, Information and Resources.....	12
STRATEGIC OBJECTIVE 3: Accelerate the use of Research and Innovation in Suicide Prevention	18
Indigenous Suicide Prevention and Life Promotion.....	20
IV. GOING FORWARD	23
APPENDICES.....	25
APPENDIX A: Federal Framework for Suicide Prevention	25
APPENDIX B: Key Suicide Prevention Policy Developments in Canada, 2006–2019	26
REFERENCES.....	27



MINISTER'S MESSAGE

As Canada's first federal Minister of Mental Health and Addictions, I am pleased to share the 2022 Progress Report on the Federal Framework for Suicide Prevention (the Framework). The Framework is a structure that is designed to facilitate federal coordination across the continuum of suicide prevention and life promotion (e.g., crisis response and intervention, and postvention, i.e., including support for people affected by suicide loss and attempts).

Suicide is a tremendously devastating societal and public health issue. It impacts people of all ages, ethnicities, and gender identities in Canada and disproportionately affects some populations (e.g., men, youth, seniors, 2SLGBTQ+). Since my appointment as Minister of Mental Health and



**THE HONOURABLE
DR. CAROLYN BENNETT, P.C., M.P.**
Minister of Mental Health
and Addictions

Addictions, I have been meeting and listening to people from coast-to-coast-to-coast to learn about the challenges communities and individuals face in improving our mental and substance use health system and ultimately, our population's well-being. These discussions are also highlighting the innovation and grassroots efforts within communities. I am also hearing from both experts and people with lived and living experience on how to address these important challenges, and how to ensure we continue to make suicide prevention a top priority for the Government of Canada.

This Progress Report provides an opportunity to share federal priorities and initiatives underway for suicide prevention. Over the last two years, we have embarked on key transformative initiatives, including the development and investment of 988, a three-digit suicide prevention and mental health crisis number for Canada. The Government of Canada is currently working to ensure that this new line has the capacity for a successful launch in fall 2023. This will include transitioning to 10-digit local dialling in areas where 7-digit dialling is still the norm, namely Newfoundland and Labrador, northern Ontario and the Yellowknife area. We have also partnered with the Centre for Addiction and Mental Health (CAMH) to oversee the implementation of 988

and are working closely with our American counterparts to learn from their 4-year implementation process of a similar service launched earlier this year. This will ensure that we can deliver a high quality service that meets the current and future needs of Canadians.

Throughout the last year, I heard about what is needed for effective suicide prevention, what we know is working and how to expand the reach and impact of effective innovations, and the need to include the voices and experiences of people and communities in our work.

Engagement on these important topics will continue with a wide range of stakeholders, communities and people with lived and living experience to inform the development a National Suicide Prevention Action Plan for Canada.

As we collectively work to address suicide in Canada, we cannot ignore the experiences of First Nations, Inuit and Métis communities, who continue to face inequities, systemic racism and discrimination. We must consider issues such as loss of culture, colonization, inter-generational trauma, and other factors that play a role in health and well-being. Suicide rates among some Indigenous communities are among the highest in Canada. And while the root causes are complex, there is hope. As we continue our path toward

reconciliation, we must support Indigenous-led and delivered suicide prevention and life promotion research and interventions that recognize culture and Indigenous knowledge as a foundational element. As part of this work, I was honoured to participate in the National Summit on Indigenous Mental Wellness in September 2022 with the Honourable Patty Hajdu, Minister of Indigenous Services. This summit provided me with the opportunity to hear directly from First Nations, Inuit and Métis leaders, health and mental health service providers, youth and communities about effective community led initiatives that are improving mental wellness, promoting life and addressing suicide, and these learnings will help inform our efforts moving forward.

This is Canada's fourth progress report since the passage of *The Act Respecting a Framework for Suicide Prevention* in 2012. There have been many changes since the first progress report in 2016. We have an opportunity to build on the learnings, evidence, data and experiences across Canada as we work on establishing a National Suicide Prevention Action

Plan (The Action Plan). The Action Plan will set out concrete actions and performance indicators to improve crisis support and suicide prevention for people most affected by suicide risk, attempt and loss. Suicide prevention is not one size fits all. It will require partnerships and collaboration between research, policy and practice, and involvement of communities, as well as a respect, acknowledgement and support for the unique experiences, interventions and expertise of populations disproportionately affected, including First Nations, Inuit, Métis, 2SLGBTQ+, and racialized populations.

Over the next year, engagement will take place with other government departments, provinces and territories, Indigenous communities and people with lived and living experience to inform the development of the Action Plan.

I look forward to continuing to work diligently with our partners and stakeholders to improve the mental well-being of all Canadians and together take action to help prevent suicide.



EXECUTIVE SUMMARY

The 2022 Federal Framework for Suicide Prevention Progress Report provides an overview of suicide prevention and related activities supported across the Government of Canada between 2020 and 2022. It is the fourth report following the legislated Federal Framework for Suicide Prevention. Many of the activities in this year's report started or broadened in scope in response to the mental health and wellness needs of Canadians during the COVID-19 pandemic. The report highlights key federal investments and initiatives to help address the gaps in accessing suicide prevention supports across the country.

The "Snapshot of Suicide in Canada" section provides suicide mortality rates by age and sex for 2019, which are the most recent and complete data set available. In 2019, the suicide

mortality rate was 12.1 per 100,000 which amounts to 4,528 people who died by suicide. The cause of more than half these deaths was from suffocation. The rate of suicide mortality was higher among males in all age groups compared to females, with the highest rates being among males aged 50 to 64 years. While suicide rates are higher among males, rates of hospitalization for intentional self-harm are higher among females at 83 per 100,000 for females and 49 per 100,000 for males. This year's report also includes findings from the Survey on COVID-19 and Mental Health which found that suicide ideation significantly increased during the pandemic compared to pre-pandemic.

Aligned with the Framework's strategic objectives, the report highlights activities that aim to:

- Reduce stigma and raise awareness, including activities such as workshops and campaigns that focus on targeting specific population groups and updates to media guidelines such as *Mindset*, aimed at impacting the way suicide is discussed in social settings.
- Connect people, information and resources, including tailored initiatives for different population groups (e.g., crisis line supports Wellness Together Canada), and the development of protocols by federal departments for addressing conversations about suicide and providing resources to the bereaved.

- Accelerate the use of research and innovation in suicide prevention to identify gaps and opportunities in research, knowledge, and translation, including that through the Canadian Institutes of Health Research through their **COVID-19 and Mental Health Initiative**.

The report concludes by outlining areas for future action, including efforts to implement the National Suicide Prevention Action Plan, informed by continued research, engagement, and evidence. This work will form the basis of future progress reports on the Framework.



I. INTRODUCTION

The ***Federal Framework for Suicide Prevention Act*** (the Act) became legislation in 2012, requiring the Government of Canada to work with relevant departments, partners, provinces and territories on the development of the **Federal Framework for Suicide Prevention** (the Framework) [See appendix A for the Framework At a Glance]. Published in 2016, the Framework established the Government of Canada's guiding principles and strategic objectives for suicide prevention.

In accordance with the Act, the Government of Canada is required to report on activities related to the Framework every two years. This responsibility is undertaken by the Public Health Agency of Canada (PHAC) on behalf of federal departments and agencies contributing to suicide prevention. The previous three progress reports: **Progress Report 2016**, **Progress**

Report 2018, and **Progress Report 2020** highlight suicide prevention and mental health activities between 2016 and 2020.

Since the last report, the Government of Canada and its partners has continued its efforts in addressing suicide and is gathering more information on the mental health of Canadians throughout the COVID-19 pandemic. Our experience throughout the pandemic has emphasized the need to address gaps and disparities in accessing mental health services and supports. It has also exacerbated inequities facing populations such as Indigenous people, 2SLGBTQI+, among others^{1,2}. Many of the activities highlighted in this report aim to address these gaps and support populations that have been disproportionately impacted by the COVID-19 pandemic.



II. SNAPSHOT OF SUICIDE IN CANADA

This section of the report provides a brief overview of the latest data available about suicide in Canada. Suicide affects people of all ages, sexes, genders, ethnicities, at all income levels, and in all regions. According to Statistics Canada data, suicide was the ninth leading cause of death among all Canadians in 2019, and the second leading cause of death among individuals aged 15 to 34, behind unintentional injuries.^{3,a}

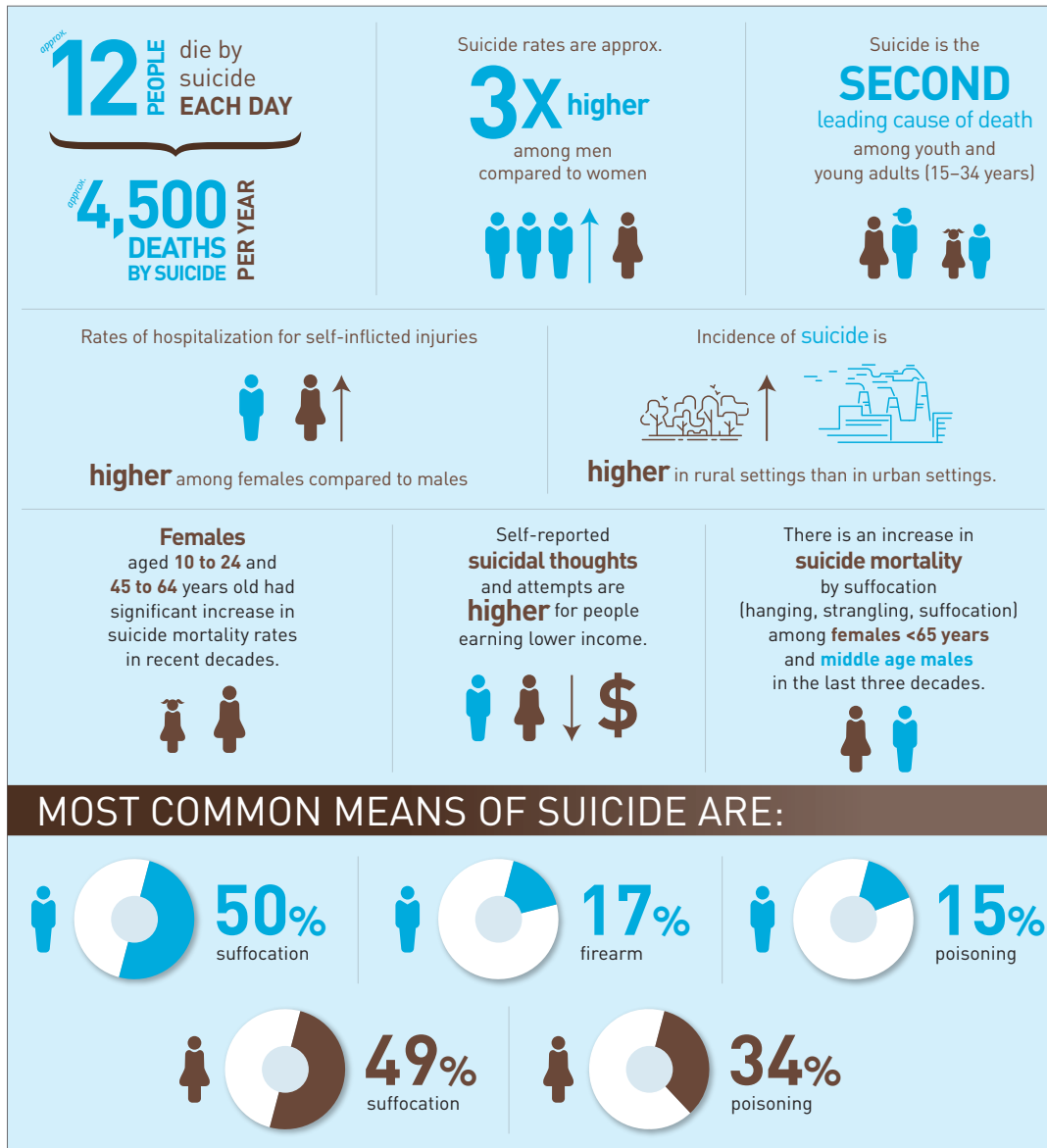
As current data in Canada related to suicide attempts and ideation are based on 2019 survey data, Statistics Canada, with the support of PHAC, undertook a series of **Surveys on COVID-19 and Mental health**. Launched in September 2020, these surveys found:

- In fall 2020, 2.4% of adults reported suicidal ideation since the COVID-19 pandemic began, which significantly increased to 4.2% in spring 2021.^{4,5}
- Adults with symptoms of mental disorders (major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder) were more likely to report suicidal ideation.⁶
- Adults who experienced pandemic-related impacts such as loneliness or isolation, were more likely to report suicidal ideation.^{5,6}

Results from the next survey will be available in late 2023 or early 2024.

^a Data source: **Statistics Canada, Leading causes of death, total population, by age group, Table 13-10-0394-01**. Leading causes of death were ranked based on the number of deaths reported in Canadian Vital Statistics—Death database.

Figure 1: Suicide related deaths and suicide ideation in Canada



For more information on suicide statistics in Canada, click [here](#)



III. UPDATE ON FEDERAL ACTIVITIES

This section of the report describes the activities federal departments undertook between November 2020 and November 2022 under the Framework's three strategic objectives:

1. Reduce stigma and raise public awareness.
 - a. Provide guidelines to improve public awareness and knowledge of suicide.
2. Connect Canadians, information and resources.
 - a. Disseminate information about suicide and its prevention.
 - b. Make existing statistics about suicide and related risk factors publicly available.
 - c. Promote collaboration and knowledge exchange across domains, sectors, regions, and jurisdictions.
3. Accelerate the use of research and innovation in suicide prevention.
 - a. Define best practices for suicide prevention.
 - b. Promote the use of research and evidence-based practices for suicide prevention.

STRATEGIC OBJECTIVE 1: Reduce Stigma and Raise Public Awareness

People in Canada who are affected by suicide often experience stigma or shame, which can be a barrier to seeking support or care. Evidence suggests that high suicide literacy among the public is related to greater health seeking behaviours among those who require help.⁷ As such, inferences can be made that the accessibility of resources that promote awareness of suicide will help to reduce the risk of death by suicide. The Government of Canada has undertaken several activities since the fall of 2020 to reduce suicide related stigma and raise public awareness, as described below.

Reducing Stigma and Raising Awareness

Farm Credit Canada Rooted in Strength

In 2018, the Minister of Agriculture and Agri-Food mandated Farm Credit Canada (FCC) to increase awareness around farmer mental health, and thereby the FCC supported the *Do More Agriculture Foundations Community Fund* in delivering no cost mental health literacy training

to farmers and their families. In 2021, 26 courses on mental health literacy were offered and 357 people in rural Canada were trained in mental health first aid. The FCC will continue to provide mental wellness resources and support third party initiatives, including links to applied suicide intervention skills training and the Canadian Association for Suicide Prevention.

Assessing media content around suicide—Veterans' Perspectives

The Atlas Institute, funded by Veterans Affairs Canada, completed a **study** to assess the content and tone of Canadian media coverage of veterans, specifically as it pertained to post traumatic stress disorder and suicide, which research showed can be framed in a stigmatizing manner by the media. The study aimed to investigate the themes, patterns, and content of Canadian media related to post traumatic stress disorder and assess compliance to **Mindset**^b guidelines when reporting on suicide. The findings of this study suggest that targeted educational outreach is needed so that journalists can responsibly report on Veteran related mental health issues.⁸

^b **Mindset** guidelines have been recently updated by the Mental Health Commission Canada so that it now covers mental health stories involving young people, addictions, and suicide reporting.

Operation LifeSaver

Operation LifeSaver is a program funded by Transport Canada, which recently launched the National Railway Suicide Prevention campaign as part of the **#StopTrackTragedies** program. This public awareness campaign will be promoted over a variety of social media platforms and within communities. In addition, engagement with Indigenous communities through face-to-face outreach will take place to direct those struggling with mental health to resources and reduce stigma. The Government of Canada has provided \$600,000 in funding in the 2022–23 fiscal year to this initiative with a total of \$1.8 million contributed since 2020.

Training, Webinars, and Workshops

Correctional Service Canada (CSC) has developed and operationalized a **Suicide Prevention and Intervention Strategy (SPIS)**. SPIS provides a consistent approach for clinical assessment and intervention. Some of their activities include the ongoing development and implementation of training modules catered to inmate populations, CSC operational staff and CSC health care professionals. Training and workshops are delivered both in-person and virtually and include, but are not limited to suicide and self-injury assessment and intervention, the use of the pinel restraint system, CSC's Clinical Framework for Identification, Management, and Intervention for

Individuals with Suicide and Self-Injury Vulnerabilities, trauma-informed approaches in corrections, inmate suicide awareness, suicide prevention in older adults, as well as several other training programs related to suicide and mental health. Training modules are rigorously developed to be evidence-based determining best practices for suicide prevention and intervention. Additionally, workshops and webinars on suicide prevention were hosted by CSC and community partners, incorporating different lenses, such as older adults and international perspectives on self-injury. CSC is currently also undertaking a research project that explores stigma-free communication for staff, related to self-injury and suicide prevention.

STRATEGIC OBJECTIVE 2: Connect Canadians, Information and Resources

The Government of Canada continues to support several initiatives that connect Canadians to information and resources on suicide and its prevention, including access to prevention and postvention support and resources. PHAC, along with its partners and other federal departments, has continued to develop and share information and suicide related data. This includes efforts to understand suicide risk and rates among priority populations. The following are key highlights.

Disseminating information about suicide and its prevention

Medical Professional Technical Suicide Review and Pre-Postvention Tools

The Canadian Armed Forces (CAF) has been collaborating with clinical experts from various CAF clinics to review and assess mental health services for its members. The results of these are being used to formulate recommendations for service improvement to the CAF clinics responsible for service provision. Additionally, the results will inform the development of CAF policy and practices related to suicide prevention.

Pre-Postvention tools

The CAF is also working on developing prevention tools for its leadership that will help to raise awareness in recognizing the signs of suicidal behaviour among its members to connect them to resources. These resources will provide clear guidance to leadership on how to assist in the management of suicide attempts and suicide within units. While the prevention tool is currently in progress, a guide for postvention has already been published.

Veterans Affairs Canada (VAC) is similarly working on postvention guidelines and resources, which will be integrated into their veteran death notification business process and provide resources and support to

those who have been affected by the suicide death of a veteran. The creation of these guidelines was initiated based on studies having concluded that exposure to death by suicide can often trigger many negative consequences in the bereaved, including being at increased risk for suicide themselves.⁹

Recognizing the early signs and symptoms of suicide ideation among veterans can help to mitigate the risk of a suicide attempt or death by suicide. As such, VAC has mandated that all front-line staff undergo suicide prevention training, which includes training on Suicide Prevention Protocols, also developed by VAC, as well as the Applied Suicide Intervention Skills Training (ASIST) developed by Living Works, which focuses on recognizing the early signs and symptoms of suicide ideation.

Youth Hope Fund

The Youth Hope Fund is a distinctions-based fund through Indigenous Services Canada that supports First Nations and Inuit youth led projects that support life promotion. Indigenous youth are impacted by negative mental health outcomes and suicide at disproportionately higher levels than non-Indigenous Canadians¹⁰ and Indigenous culture and values are important protective factors for suicide risk. Culturally appropriate services that are trauma-informed, community based and

youth specific are key approaches to improving mental wellness and reduce the risk of suicide among Indigenous youth.¹¹

The distribution of funding for the Youth Hope Fund is guided by First Nations and Inuit youth through distinctions-based processes and based on youth priorities. Budget 2017 provided \$10 million over 5-years with an additional \$3.4 million per year in on-going funding, which has supported over 20 Indigenous community-based, youth led suicide prevention and life promotion projects. Some projects include: access to cultural activities, connection to Elders in the community, raising awareness around mental wellness among Indigenous youth, online resources. Funding supports **We Matter** programming such as mental wellness toolkits (delivered over 8,000 toolkits) and **We Matter** workshops (35 delivered across 28 communities to 1,000 youth and over 500 students).

Wellness Together Canada

Created by Health Canada in response to the COVID-19 pandemic, **Wellness Together Canada** (WTC) is the only nationally available mental health web platform that provides 24/7 free and confidential mental health, substance use and suicide prevention support and resources in English and French. The resources and supports available through WTC include

e-mental health support, mental health and substance use literacy tools, 24/7 phone and text support, single and multi-session counselling and therapist assisted support, online peer support, and internet based cognitive behavioural therapy.

After its initial launch in April 2020, Health Canada invested \$130 million from 2020 to 2022 for the creation and continued improvement of WTC and received \$140 million in Budget 2022 to sustain the portal for an additional two years. Data from WTC assessments indicates that almost half the users are under 30 years old. This indicates that WTC is being used by the age group where most mental health disorders emerge; almost two thirds of mental health disorders emerge before the age of 25 and nearly half emerge before the age of 18.¹² As of November 2022, 3 million users from across Canada have engaged in over 8 million web sessions.

Additionally, as of August 2021, there were approximately 32,000 crisis line interactions and 7,300 cases of clients triaged as “high risk for suicide”. Early impact data collected in 2021 showed that repeat WTC users indicated a positive change in mood, well-being, and functioning after using any resource or accessing support compared to the first time they engaged with the service.

Hope for Wellness Helpline for Indigenous People

Funded by Indigenous Services Canada (ISC), the **Hope for Wellness helpline** provides immediate, toll-free telephone and online-chat based support and crisis intervention to all Indigenous people in Canada. Trained counsellors are available 24/7 in English and French, and upon request in Cree, Ojibway, and Inuktitut. Between March 2021 and November 2022 Hope for Wellness Helpline counsellors responded to over 63,000 calls. The Hope for Wellness Help Line was originally funded as a part of a \$69 million investment in Indigenous mental wellness in June 2016, with Budget 2017 providing \$3 million annually in ongoing funding support.

Kids Help Phone

The Government is providing over \$14.8 million over 36 months to **Kids Help Phone** to deliver mental health crisis supports for children and youth during the pandemic. To address barriers that newcomer youth may face in accessing this service, Immigration, Refugees, and Citizenship Canada is also providing an additional \$2M in funding towards operational upgrades, including, building staff capacity to linguistically support ethno-cultural populations in 100 different languages starting with Dari, Pashto, Ukrainian, and Russian. Through a 2019 pilot project, Kids Help Phone successfully expanded its

service to include Arabic and Mandarin speaking services and provided cultural competency training to all counsellors.

Distress Centre Investments

Through the 2020 Fall Economic Statement, the Government of Canada announced a \$50 million investment to bolster the capacity of distress centres during the COVID-19 pandemic. PHAC administered funding grants to 71 distress centres in 2021–22 and 2022–23. In addition, \$2 million of this funding is supporting the Centre for Addiction and Mental Health as it curates resources to assist distress centres in meeting the diverse needs of priority populations, including older adults, youth, LGBTQ2+ populations, First Nations, Inuit and Métis people, first responders, healthcare providers, racially and linguistically diverse communities and people with disabilities.

National crisis line for suicide prevention—Talk Suicide Canada and 988

The Government of Canada is investing \$21 million over five years (from 2020–21 to 2024–25) in the Centre for Addiction and Mental Health to implement and sustain a fully operational pan-Canadian suicide prevention service with its partners, Crisis Services Canada and the Canadian Mental Health

Association. Talk Suicide Canada currently provides 24/7 suicide crisis support via phone (1-833-456-4566) in English and French, 24 hours a day, seven days a week and by text (45645) in English and French in the evenings to people in Canada. However, this number may not be easy to remember in crisis situations. To address this the Government of Canada is undertaking the implementation of a national three-digit suicide prevention and mental health crisis line—988. This shorter number will be easier to remember in times of distress and will provide a simpler way of accessing suicide prevention and mental health crisis support.

In August 2022, the Canadian Radio-Television and Telecommunications Commission (CRTC) released its **determinations on the implementation** of the 988 suicide and mental health crisis number. The determinations were developed after extensive stakeholder engagement by the CRTC with Canadians, Indigenous peoples, mental health and suicide prevention service providers, consumer interest organizations, deaf, blind, and hard of hearing Canadians, telecommunications service providers, and various levels of government. The determinations outlined that:

- Telecommunication service providers will transition to 10-digit dialing across various regions in Canada;

- The 988 service will be for those needing suicide prevention and mental health crisis intervention;
- The service will be available 24/7/365 in both English and French.

Following the release of these determinations, the Centre for Addictions and Mental Health was named as the service coordinator of 988 given their extensive experience in operating the Talk Suicide Canada crisis line. Currently, PHAC is engaging with provinces and territories and national Indigenous organizations to determine service delivery requirements in order to prepare for a successful launch on November 30, 2023.

Making suicide related data available

National Survey on Farmer Mental Health in Canada

In 2016, a **national survey** on the mental health of farmers was developed and disseminated by a team of researchers at the University of Guelph, which indicated Canadian farmers experienced high rates of stress, anxiety, depression, and scored lower on resilience measures. In 2021, the Department of Agriculture and Agri-Food Canada provided \$25,000 in additional towards a second survey to understand the impacts of COVID-19 on the mental health of farmers. The

results from this survey indicated that farmer mental health was worse in 2021 compared to in 2016 and suicide ideation was much higher among farmers compared to the Canadian general population.

Self-harm and suicide indicator

In August 2020, the Canadian Institute for Health Information (CIHI) developed a new indicator which measures **self-harm and suicide** as part of the Shared Health Priorities Indicators portfolio. This indicator measures how often people are admitted to hospital or die due to self-harm and provides a high-level indication of whether Canadians are getting access to the mental health care they need to prevent self-harming. This indicator has been updated on a yearly basis, with the next update slated to be released in December 2022. This is an ongoing project and CIHI will continue to provide updated results as more data becomes available.

Veteran Suicide Mortality Study

The **Veteran Suicide Mortality Study** was conducted in 2019 and found the risk of suicide among veterans over a 39-year study period to be stable, with male and female veterans being at a higher risk of dying by suicide compared to the general Canadian population. VAC recognized the importance in continuing to monitor these concerning trends to inform

suicide prevention policies and programs for veterans and, as such, VAC and the Department of National Defense will incorporate additional years of mortality data into the study as it becomes available.

Suicide mortality and ideation across population sub-groups

Statistics Canada published a series of Health Reports throughout 2021 and 2022, making population-specific suicide related and self-inflicted injury data available for First Nations, adolescents, black Canadians, and people living in urban/rural areas. In addition, a number of **Data Visualization**, interactive tools have been released providing national-level mortality data, which allows users to narrow the data to a specific province or territory. Statistics Canada continues to collaborate with provincial and territorial Coroners and Medical Examiners in relation to national and provincial/territorial mortality data on causes of death including suicide data. A dissemination strategy for the data from the Canadian Coroner and Medical Examiner Database is in place for the purpose of providing information on circumstances of death.

STRATEGIC OBJECTIVE 3: Accelerate the use of Research and Innovation in Suicide Prevention

The Government of Canada continues to work with other departments and partners across the country to support research and implement interventions and best practices for preventing suicide. The following section describes the use of research and innovation in suicide prevention.

Defining best practices for Suicide Prevention

Do More Agriculture Foundation AgriDiversity Project

Research conducted by the University of Guelph found women in agriculture experience higher levels of stress and anxiety, which may be due to increased responsibility on-farm operations in addition to taking care of the home and children. The Agriculture and Agri-Food Canada's **Canadian Agricultural Partnership AgriDiversity Program** has provided \$82,000 for the **Do More Agriculture Foundation AgriDiversity Project**. This project aims to identify gaps in mental health support for women and youth within the agricultural industry, disseminate recommendations, and sector specific action. As this project commenced in summer of 2022, findings and outcomes are not yet available.

Promotion of research and evidence-based practices for suicide prevention

National Suicide Prevention Advisor

Since the 2020 progress report, the CAF has created the position of a National Suicide Prevention Advisor. The position incumbent is providing clinical expertise to inform recommendations and policies to promote suicide prevention within the organization. The Advisor has also led the implementation of a suicide risk standard assessment tool and has provided guidance to clinics on the use of cognitive behavioural therapy for suicide prevention.

Guidelines, Tools, and Counselling

The CAF has also undertaken several key initiatives to improve services and resources provided to CAF members. In collaboration with the Canadian Psychiatric Association, CAF has created a Clinician handbook for suicide prevention, which provides education to clinicians on suicide, risk assessment and mitigation strategies. Mental health process guidelines have also been developed to augment clinical practices for suicide screening, risk assessment and safety planning and a mandatory training module has been developed for clinicians. This module provides theoretical information on the importance of

using standardized tools for suicide risk assessment, and practical instructions for the use of the tool.

Suicide Prevention Model and Knowledge Mobilization Hub

Public Safety Canada is supporting the Canadian Institute of Public Safety and Treatment (CIPSRT), which functions as a Knowledge Mobilization Hub for post-traumatic stress injury related research (PTSI). The Hub has developed an *Academic, Research, and Clinical Network* (ARC Network), which has established a sub-committee focused on suicide prevention. This sub-committee will develop a National Suicide Plan which will entail: a) a systematic review of military suicide prevention plans and a review on current suicide prevention plans; b) dynamic modelling to determine the most impactful system for suicide prevention; and c) knowledge translation activities to produce usable products for suicide prevention in public safety personnel.

Roots of Hope—Community based approaches in suicide prevention

The **Mental Health Commission of Canada** (MHCC) launched the **Roots of Hope** Model in 2015, which takes a community-based approach to reduce the impact of suicide through specialized supports, training and networks, public awareness campaigns, means safety, and research. A Research Demonstration

Project has been established through the initiative, which aims to identify key practices associated to suicide prevention, as well as study the short-term effects of implementing a community-led model for suicide prevention. Preliminary findings suggest this project has reduced suicide related stigma and helped to raise public awareness. The project team is currently analyzing data and is expected to provide an update by March 2023.

Enhancing Suicide Prevention Data and Research

The MHCC has also developed a series of suicide prevention products throughout the COVID-19 pandemic. Based on evidence from policy briefs, surveys, and other research, the products include suicide risk assessment toolkits, online learning modules targeted to health care providers to promote patient dialogue related to suicide and instill hope, and factsheets focused on various topics related to suicide prevention.

Supporting Suicide Prevention through Research

The Canadian Institutes for Health Research (CIHR) have invested over \$18.9 million towards suicide prevention research from 2020–21 to 2021–22. This has been through programs such as the **COVID-19 and Mental Health Initiative**, in a rapid

review of the effects of epidemics or pandemics on suicide, suicidal behaviours and suicidal thoughts. Additionally, since 2020, CIHR has partnered with CIPSRT to invest in research and coordination hubs for post-traumatic stress injuries among public safety personnel, with an aim to build the evidence base for a crisis/suicide prevention line, leveraging the support of PHAC for the development of a pan-Canadian Suicide Prevention Service (CSPS).

Research and Knowledge Translation Agenda on Suicide and its Prevention

PHAC, in collaboration with the MHCC, has developed a national Research and Knowledge Translation Agenda (RKT) on Suicide and its Prevention. The RKT Initiative will help guide future research efforts by identifying gaps and opportunities to improve the current state of suicide-related research and knowledge translation in Canada. PHAC and MHCC worked closely with an advisory table and consulted with communities to inform this work. The RKT report, is expected to be released in early 2023.

Indigenous Suicide Prevention and Life Promotion

Indigenous populations face racism, discrimination, and intergenerational trauma as a result of colonization, which have contributed to disproportionately higher rates of suicide and suicide ideation relative to the general Canadian population.

The Federal Framework for Suicide Prevention is not an Indigenous developed and led framework. Since its release, progress reports have highlighted Indigenous led efforts for mental wellness and suicide prevention.

This section of the report provides additional information on the First Nations, Inuit, and Métis strategies and frameworks for mental wellness and life promotion including suicide prevention. We encourage readers to reach out to Indigenous organizations directly to learn more about these resources and how they are improving the lives of Indigenous peoples across Canada.

First Nations Mental Wellness Continuum Framework

Launched in 2015, the **First Nations Mental Wellness Continuum Framework** (FNMWC) outlines wellness approaches grounded in culture and emphasizes First Nations strengths and capacities to address mental wellness while identifying actions under themes of hope, meaning, belonging, and purpose. The FNMWC outlines a range of services needed to promote mental wellness such as education, housing, language, and heritage etc., and gives advice on policy and program changes that can improve First Nations mental wellness. The continuum is rooted in cultural knowledge and builds upon the **Honouring our Strengths** national framework. Further, centred on Hope, Belonging, Meaning, and Purpose, **Culture for Life** is a resource for Indigenous Youth who know the value of culture and living their best life. An additional resource is available at <https://wisepractices.ca/> which provides Indigenous developed and led information about reducing suicide and suicidal behaviour among First Nations youth by 'leading with the language of life' rather than relying on deficit-centred language or risk factor-based approaches.

National Inuit Suicide Prevention Strategy

Launched by Inuit Tapiriit Kanatami (ITK) in 2016, the **National Inuit Suicide Prevention Strategy** (NISPS) is an Inuit-led, evidenced-based, and globally informed approach to reducing suicide among Inuit in Inuit Nunangat. The NISPS serves to assist service providers and policy makers to work collaboratively in increasing suicide prevention at the national, regional and community level through six holistic priority areas: creating social equity; creating cultural continuity; nurturing healthy children; access to mental health services; healing trauma and grief; and mobilizing knowledge for resilience and suicide prevention. Through the NISPS, Inuit Land Claim Organizations have been supporting an array of cultural and evidence-based activities including, access to programs and services, capacity building, systemic changes, and monitoring and evaluation of funded activities and the NISPS.

Manitoba Métis Federation

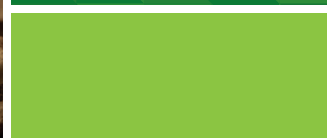
The **Métis National Council** consists of the Métis Nation Health Committee (MNHC) which is an advisory/technical group focusing on the social determinants of health, data strategy, and research needs of Métis citizens. The MNHC advises on health and well-being needs of the Métis population, collaborates with the Government of Canada on health policy as it related to Métis people, advises on opportunities for the improvement of health and well-being of Métis people.

The **Manitoba Métis Federation** is prioritizing the mental health of its citizens and recognizes the importance of Métis specific mental health supports and has launched a Mental Health Support Line. This line provides access to Métis counsellors and resources.



Efforts towards reconciliation with Indigenous communities are a critical part of this healing and rebuilding process. As the Government of Canada moves forward on the development of a National Suicide Action Plan, we look forward to collaborating with our Indigenous leaders and communities to support and share Indigenous-led knowledge, research and community action for mental well-being, life promotion and suicide prevention.





IV. GOING FORWARD

The Federal Framework for Suicide Prevention will continue to lay a foundation for the suicide prevention initiatives that take place across Government of Canada departments, stakeholders, and partners. However, we recognize the need to evolve and incorporate new evidence from national and international research, policy and community practice. As a result, the federal government will be shifting its focus to the development of the National Suicide Prevention Action Plan. This will provide an opportunity to renew our commitment to suicide prevention, update our vision and incorporate performance indicators based on the best available evidence.

Implementing a National Suicide Prevention Action Plan

In May 2019 Parliamentarians voted unanimously in favour of a national suicide action plan (**M-174**), which was subsequently endorsed by several key national organizations, including the Canadian Medical Association, the Canadian Nurses Association, and the Canadian Association for Suicide Prevention and stakeholders representing Indigenous communities, such as the Inuit Tapiriit Kanatami.

Building on knowledge and experience gained over the last several years in suicide prevention, engagement with national, international and local stakeholders and people with lived and living experience, on key elements of the plan will commence in the coming months.

Future Reporting

As suicide prevention and life promotion activities continue to evolve and new evidence becomes available, future reports will outline

progress made on key milestones under the objectives of the Federal Framework for Suicide Prevention and the National Suicide Prevention Action Plan in future progress reports.



APPENDICES

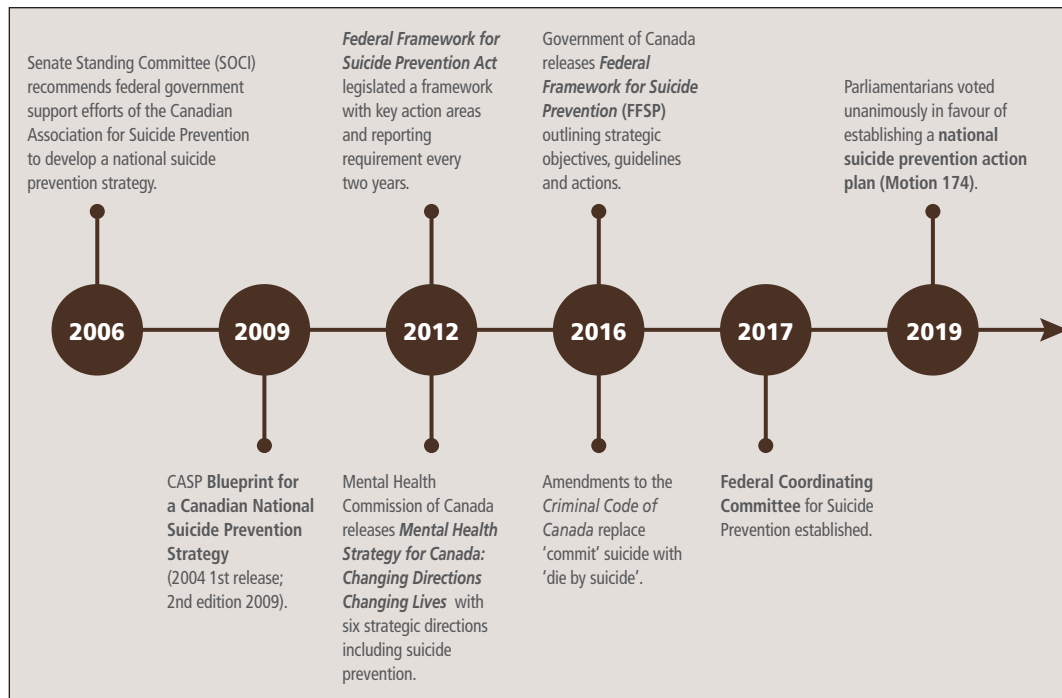
APPENDIX A: Federal Framework for Suicide Prevention

FIGURE 2: The Federal Framework for Suicide Prevention (2016): At a Glance

VISION		
A Canada where suicide is prevented and everyone lives with hope and resilience		
MISSION		
Prevent suicide in Canada, through partnership, collaboration, and innovation while respecting the diversity of cultures and communities that are touched by this issue.		
PURPOSE		
To guide the federal government's efforts in suicide prevention through implementation of <i>An Act respecting a Federal Framework for Suicide Prevention (2012)</i> .		
STRATEGIC OBJECTIVES		
» Reduce stigma and raise public awareness.	» Connect Canadians, information, and resources.	» Accelerate the use of research and innovation in suicide prevention.
LEGISLATED ELEMENTS (SECTION 2 OF THE ACT)		
1. Provide guidelines to improve public awareness and knowledge of suicide.	2. Disseminate information about suicide and its prevention. 3. Make existing statistics about suicide and related risk factors publicly available. 4. Promote collaboration and knowledge exchange across domains, sectors, regions and jurisdictions.	5. Define best practices for suicide prevention. 6. Promote the use of research and evidence-based practices for suicide prevention.
GUIDING PRINCIPLES		
<ul style="list-style-type: none"> » Build hope and resiliency. » Promote mental health and wellbeing. » Complement current initiatives in suicide prevention. » Be informed by current research and best available evidence. » Apply a public health approach. » Leverage partnerships. 		
FOUNDATION		
<i>Changing Directions, Changing Lives: A Mental Health Strategy for Canada</i>		

APPENDIX B: Key Suicide Prevention Policy Developments in Canada, 2006–2019

Figure 3: Key Suicide Prevention Policy Developments in Canada



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