



Suicide Prevention initiatives in Canada

Introduction

Canada needs a national suicide prevention strategy. We are the sole G7 country without one. A wealth of evidence indicates that having, resourcing and implementing a national suicide prevention strategy reduces suicide. Suicide is a mental health crisis and a public health crisis: initiatives are needed at the individual, community, and population levels to effect change. In its seminal document, [Preventing Suicide: A global imperative](#), the World Health Organization (WHO) asserts that countries need national strategies to effect change. According to WHO, “a national strategy indicates a government’s clear commitment to dealing with the issue of suicide.” The 2014 research asserts an effective suicide prevention plan has elements from four best practice categories: timely access to mental health care, responsible and non-sensational media reportage, reduction of access to means of suicide, and education — including awareness raising, stigma reduction, gatekeeper training, research, and surveillance (WHO, 2014).

An update on this WHO document, [Live Life: An implementation guide for suicide prevention in countries](#), is more explicit in its recommendations. The document emphasizes a “scale up of four key suicide prevention interventions,” which include: limiting access to means of suicide; interacting with the media on responsible reporting; fostering life skills of young people, and early identification, management and follow-up” (WHO, 2022).

Canadian Association for Suicide Prevention (CASP) has called for a strategy since 2004; read their [Blueprint](#) here. Centre for Suicide Prevention renewed this call to action after the release of the Federal Framework in 2016, read our [article here](#). A national strategy in Canada will require collaboration between the Federal and Provincial-Territorial (P-T) governments, however, Federal leadership can set P-T partners up for success.

In short, intersectoral action is needed – not strictly a mental health care plan. We need broad based efforts from a variety of Federal and P-T Ministries, including Finance, Labour, Immigration, Housing, Education and specific focus on collaboration with Indigenous communities and agencies including Thunderbird Partnership Foundation, First Peoples’ Wellness Circle, Inuit Tapiriit Kanatami, Métis National Council and the Assembly of First Nations.

Strategy versus a Framework versus an Action Plan

Ideally, a strategy contains a framework; subsequent action plans are then developed to implement the work.

	Strategy	Framework	Action plan
Theory	<ul style="list-style-type: none"> - overarching document tailored to a country's cultural and social context - delineates Federal and P-T responsibilities - has dedicated targets, timelines and resources attached to it - outcomes are measurable 	<ul style="list-style-type: none"> - outlines strategic objectives, guidelines and actions - does not delineate stakeholder responsibilities - does not necessarily have resources or timelines attached - no measurable outcomes 	<ul style="list-style-type: none"> - tactical implementation roadmap with specific objectives, targets, indicators, timelines, milestones, designated responsibilities and budget allocations
Canada current state	Canada is the only G7 country without a suicide prevention strategy	Federal Framework for Suicide Prevention enacted 2012; Framework released 2016; reports to Canadians tabled biannually	Bill 174, passed 2019 enacting National Suicide Prevention Action Plan
Call to action	Canada needs a suicide prevention strategy		
Regional, population level examples	Québec: Help for Life (1998); Rallumer l'espoir (2022) ITK: National Inuit Suicide Prevention Strategy (2016)	Nova Scotia: Preventing and reducing the risk of suicide: A framework for Nova Scotia (2020)	Alberta: Building Strength, Inspiring Hope (2019)

Canadian landscape

The following tables illustrate selected, non-exhaustive lists of current state and future opportunities for Canada in each of the WHO's four best-practice categories. Some opportunities are more easily implemented than others. Examples of 'quick win' opportunities include mandating pharmaceutical companies to use blister packaging, and setting up a forum for journalists to learn about best practices in suicide reporting.

Timely access to mental health care

Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
Talk Suicide Canada: national crisis line	<ul style="list-style-type: none"> - Canada has a national crisis line - Talk Suicide - developing a competency framework for responders; - standardized training 	<ul style="list-style-type: none"> - increase funding to local crisis lines - expand connectivity infrastructure in rural and remote 	<ul style="list-style-type: none"> - build out crisis and longer-term clinical care so that crisis line users can receive the further care they need (smooth, timely referrals)



Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
		communities, including the north	
Implementing 988	- 3-digit dialing implementation is underway	- continue to support and resource implementation and ongoing service - develop and implement standardized training for responders	- build out crisis care quickly; 3-digit dialing in the US resulted in 45% increase in callers in the first 2 months of operations
Psychotherapy - this is an evidence-based approach for reducing suicide risk	- currently unfunded Federally; some limited funded initiatives in some P-T	- work with professional colleges to standardize licensure (cross P-Ts)	- resource psychosocial support
Standards of practice for health care providing organizations	- Health Standards Organization (HSO) developed national standard for care, 2022: Suicide Prevention Program	- develop complementary national standards for suicide care including emergency room, follow-up, and patient caregiver supports	- this standard will be integrated into the accreditation process for organizations accredited through Accreditation Canada
Zero Suicide approaches in health and mental health services	- implemented at St. Joseph's Health Care, London, Ontario; St. Joseph's Healthcare, Hamilton, Ontario	- research and disseminate best practices in Zero Suicide approaches	- initiate Zero Suicide through health services and provincial bodies

Responsible media reporting

Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
Responsible media reporting guidelines and leadership	- Canadian Psychiatric Association's guidelines (2017) - Mindset Guidelines : co-developed by journalists and mental health professionals - AQPS-MSSS: Prévention du suicide et traitement médiatique	- establish and resource a dedicated, national organization to lead safe reporting by providing resources, research, training, and forums to media industry (similar to Mindframe in Australia) - support the creation of guidelines for depicting suicide in drama and film	



Social media	<p>- AQPS: Taking action on social media to prevent suicide/Agir sur les médias sociaux pour prévenir le suicide : guide à l'intention des gestionnaires de communautés et guide à l'intention des personnes utilisatrices</p> <p>- various social media platforms have mechanisms in place to get help for users posting suicide messages; censor mechanisms for users posting pro-suicide messages</p>	<p>- develop and mandate obligatory supervisory measures for platforms to identify and censor harmful content promoting suicide</p> <p>- mandate educating young people about understanding and interacting with all forms of media</p>	<p>- develop and implement curriculum for young people, educating them about interacting with media</p>
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Reduce access to means

- The top 3 most-common means of suicide in Canada are: hanging (suffocation), firearms, and poisoning; all other methods are grouped as “other”
- The top means of non-fatal suicide attempts is over-the-counter medication poisoning

Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
Firearms	<p>- Canada Firearms Act (1977); amended 1995</p> <p>- Bill C-21 passed by Parliament 2022; measures include: implementing a national freeze on handguns to prevent individuals from bringing newly acquired handguns into Canada and from buying, selling, and transferring handguns within the country</p>	<p>- significantly limit gun ownership</p> <p>- strengthen border surveillance on firearms</p> <p>- further gun safety measures can be undertaken that target the safety of those at risk for suicide, as opposed to focusing on illegal firearms</p>	
Railways and subways	<p>- no policies at present</p>	<p>- Transport Canada could mandate prevention measures such as: reduced access to tracks, identifying and intervening with potential attempters, and technical interventions to</p>	<p>- P-T Ministries of Transportation collaborate with Transport Canada for implementation</p>



		minimize harm to attempters	
Infrastructure	- no policies at present	- Federal standards could be developed for infrastructure construction including suicide-safe design for bridges, overpasses, parkades	- P-T Ministries of Infrastructure collaborate with Infrastructure Canada for implementation
Pharmaceuticals	- no policies at present	- Health Canada, Federal Food and Drug Regulation could take measures to address accidental or intentional poisoning, for example by mandating blister packaging for over-the-counter medications	- P-T Ministries of Health, Colleges of Pharmacists collaborate with Health Canada for implementation

Education: Training, Surveillance, Research

Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
Training	<ul style="list-style-type: none"> - MHCC training for GPs and RNs - HSO standard calls for standardized and routine training - CIHR developing national mental health and substance use service standards 	<ul style="list-style-type: none"> - develop and implement national training standards for family physicians and all health and social service providers who have contact with clients considering suicide - work with professional colleges to integrate training into post-secondary programs of study (cross-P-T) - establish training standards for 988 responders - partner with Indigenous communities to host culturally responsive training 	<ul style="list-style-type: none"> - work with professional colleges to implement standardized training into post-secondary programs of study
Surveillance	<ul style="list-style-type: none"> - P-T Coroners and Medical Examiners operate independent of each other; PHAC convening them as a group to explore 	<ul style="list-style-type: none"> - establish a surveillance team to continuously monitor suicide data - develop and implement national death determination standards 	<ul style="list-style-type: none"> - P-Ts establish regular suicide data monitoring as Québec does - collaborate with Federal and other P-T partners to develop pan-Canadian death determination



Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
	<p>standardization of death determination practices</p> <ul style="list-style-type: none"> - each P-T has a unique death certificate - Suicide Surveillance Indicator Framework database being developed by PHAC, expected to be released early 2023 - CIHI collects and publishes hospital utilization data re: self-harm and suicide attempts 	<ul style="list-style-type: none"> - develop and implement national standards for what demographic data needs to be collected at time of death - co-develop (with P-T partners) a Pan-Canadian death certificate to collect consistent demography - increase resourcing to Statistics Canada to provide descriptive suicide death reports at regular intervals - maintain Suicide Surveillance Indicator Framework database - facilitate collaboration between all agencies involved in the collection of data (inter- and intra-provincial) - continue to resource CIHI to provide hospital utilization data 	<p>processes, data collection and analysis</p>
Research	<ul style="list-style-type: none"> - dearth of Canadian research - rely heavily on USA research - PHAC convened the National Advisory Committee on Research and Knowledge Translation which identified gaps in Canadian research and priorities for further study - MHCC's Opening Minds anti-stigma initiative that partners with organizations to evaluate efficacy of stigma reduction programs 	<ul style="list-style-type: none"> - prioritize and invest in Canadian suicide and suicide prevention research 	
Surveillance and research of MAID where mental illness is the	<ul style="list-style-type: none"> - to be available March 17, 2023 	<ul style="list-style-type: none"> - national surveillance required to determine impact on suicide rates 	<ul style="list-style-type: none"> - develop health service and professional policies/guidelines



Element	Current state	Future opportunities (Federal)	Future opportunities (P-T)
sole underlying medical condition			
School based programs (to increase life skills development of young people)	<ul style="list-style-type: none"> - no policies at present -promising practices emerging 	<ul style="list-style-type: none"> - establish national standards for school-based programs 	<ul style="list-style-type: none"> - ensure students have support and connections and access to mental health services - choose evidence-based programming based on the needs of the school - evaluate efficacy of programs

