



Written submission for the pre-budget consultations in advance of the 2019 budget

By: The Mental Health Commission of Canada

Recommendation

The Mental Health Commission of Canada recommends that the federal government invest \$44.5 million over 5 years to support the implementation of the *Roots of Hope* national community suicide prevention project.

Suicide is a National Public Health Crisis

Suicide and suicidal behaviour are a leading cause of death and a major contributor to morbidity and as such remain a key public health issue in Canada, as recognized by the federal government. In 2016, 10.8 per 100,000 people in Canada died by suicide. This represents 3,978 deaths, or 10 deaths by suicide every day. Each one likely negatively affects a wider circle of 115 people. From an economic perspective, the toll of suicide is very high – with an associated cost of \$1 million per suicide death. Further, each police intervention resulting from suicide costs more than \$540,000, while each time an emergency room is used, the price tag is over \$330,000.

The federal government has stated that suicide prevention is a national health priority, but there have been challenges in initiating interventions to reduce the rates of suicide in Canada. Nationally and internationally, there is evidence that addressing suicide directly within communities shows promise.

As the convener of the only Provincial and Territorial Advisory Group on mental health, the Mental Health Commission of Canada (MHCC) repeatedly hears that suicide prevention is a top priority in jurisdictions across the country. Almost 90 percent of people who die by suicide are experiencing a mental illness. Given that suicide prevention and serving the needs of priority populations are key elements of the MHCC's mandate from Health Canada, the MHCC is well placed to lead a national initiative to address this pressing public policy issue.

In September 2015, a group of international suicide prevention leaders came together at the International Initiative for Mental Health Leadership to showcase successful initiatives and opportunities for suicide prevention. Following the meeting, the MHCC initiated a community-led "Made in Canada" suicide prevention project called *Roots of Hope* that aims to reduce the impact of suicide across the country.

Roots of Hope is the first large-scale community suicide prevention research demonstration project of its kind in Canada. Similar initiatives show a reduction in the incidence of suicide by up to 20 per cent, an extraordinary feat when we consider that Canada's suicide rate has remained unchanged for decades. The initiative aligns with both the Federal Framework on Suicide Prevention and the *Mental Health Strategy for Canada*, and thus advances the government priority of suicide prevention.

It is of great concern that suicide is the second leading cause of death among young people – a number that jumps to between six and seven times higher among Indigenous youth. Given the Government of Canada's stated priority of addressing the needs of priority populations, investing in the *Roots of Hope* suicide prevention demonstration project – through facilitating participation of all ten provinces and three territories – would serve a dual purpose. First, it would ensure that key stakeholder groups (youth, LGBTQ2S, Veterans, Indigenous populations and linguistic minorities) are well represented in the chosen communities and that the projects can be driven with official language and gender-based analysis + lenses at the forefront. Second, it would facilitate the gathering of national data to inform future suicide prevention efforts.

Roots of Hope Model

Roots of Hope is built on the principles of self-determination, local decision making, and collaboration between various levels of government and across the service system. Its design supports community leadership and encourages local ownership and adaptation to ensure that implementation is grounded in the knowledge and experience of local community leaders who are best placed to understand community needs.

Roots of Hope focuses on five pillars of activities that have agreement, nationally and internationally, as best practices for community suicide prevention:

- Specialized Supports: prevention, crisis and postvention services such as crisis lines, support groups and coordinated planning and access.
- Training and Networks: training and ongoing learning opportunities for gatekeepers (physicians, first responders, nurses, HR staff and managers, teachers, etc.).
- Public Awareness Campaigns: locally driven campaigns (posters, brochures, social media, etc.).
- Means Restriction: support communities to identify “hot spots” (the methods or places where a high number of suicides occur) and implement measures to restrict access to these methods of suicide (e.g., building barriers on bridges or at railway crossings, protocols for medication access).
- Research: to increase the suicide prevention evidence base, including setting research priorities as well as evaluating the *Roots of Hope* model itself.

Structure

A local Community Coordinator is responsible for all operational aspects of the project in a specific community, including building partnerships, leading a Local Advisory Committee, and liaising with the MHCC and other jurisdictions participating in the project. Local stakeholder coalitions in each community are appointed to inform the development, tailoring, and implementation of each project component to respond to their community’s priorities and needs.

A local research team is put in place to lead the evaluation. This team works with the national research team, led by the *Roots of Hope* principal investigator, Dr. Brian Mishara, from the Centre for Research and Intervention on Suicide (CRISE) at the Université du Québec à Montréal. MHCC provides overall support and administration of the project to oversee that initiatives are carried out with maximum efficiency, avoiding overlap or duplication. MHCC also provides guidance to ensure that local programs and services fit within the national project model.

Implementation

The MHCC proposes the project be implemented in four phases over five (5) years as outlined below:

Phase One — Planning and Preparation: selecting communities, developing partnerships and developing the research protocol (measures, data collection, ethics).

Phase Two — Implementation: training, implementing the interventions and initiating data collection.

Phase Three — Reporting and Knowledge Exchange: publishing final reports demonstrating outcomes; the development of policy recommendations and implementation toolkits; and supporting knowledge exchange efforts.

Phase Four — Scaling Up: supporting communities across Canada to implement the evidence-based practices that are developed.

Budget

The MHCC has initiated Phase 1 (planning and preparation) of *Roots of Hope* on a small scale. Thus far, funding is secured from three (3) provincial governments (Newfoundland and Labrador, New Brunswick, and Saskatchewan) to proceed with implementing the project in four (4) local communities, across these three (3) provinces. Funding commitments are pending from provincial governments in three (3) additional provinces.

To truly allow for variations in populations and demographics that represent the diversity of Canada, the MHCC envisions expanding the number of communities participating in the project. By doing so, a large and reliable data set can be gathered across jurisdictions. This will also enhance the quality and breadth of cross-community support, allowing for the establishment of a significant evidence base to inform future investments and directions in suicide prevention.

With this submission, the MHCC seeks an investment of \$44.5 million from the federal government. Federal funding would complement investments made by provincial governments to enable *Roots of Hope* to achieve its full potential and value. The activities proposed in the submission allow the project to achieve a greater impact by augmenting its national reach and scope. This will increase the consistency and reliability of the results. It will also strengthen the *Roots of Hope* model, facilitating national scale-up.

Given the critical need to focus on reach and uptake of *Roots of Hope*, the MHCC proposes to allocate the federal investment as follows:

Facilitating participation of communities in each of the 3 territories (\$12 million)

Currently, none of the Territories have the financial resources available to fund the participation of a local community within their jurisdiction to participate in *Roots of Hope*. Given the high rates of deaths by suicide and suicidal behaviours across the Territories, the MHCC sees immense value in facilitating the participation of all 3 territories. The MHCC is seeking funds from the federal government to cover the full cost of participation for territories, estimated at \$4 million per Territory.

Expansion of provincial participation (\$20 million)

Federal funding would enable an expansion of the *Roots of Hope* to all provincial jurisdictions, estimated at \$2 million per Province. In provinces that have not yet identified a community, the funding would facilitate participation. Participating provinces could choose to utilize the funds to encourage the

participation of an additional community or to expand services and programs offered in the context of *Roots of Hope*.

Increased funding for national research and evaluation (\$1.5 million)

The results of the national research demonstration project will form the basis of future policy and program recommendations for investments and directions in suicide prevention. The results of the research and evaluation will also inform Phase 4 (scaling up) of the project. The MHCC seeks \$1.5 million to increase the scope of the research and evaluation to allow for targeted, quality evaluation of differences and similarities in the implementation of the *Roots of Hope* model across a greater number of diverse communities.

National Advisory Committee (\$0.5 million)

To support the expansion, MHCC would appoint a National Advisory Committee, including individuals who have been impacted by suicide, to provide expertise and guidance to the project in a meaningful way.

Development of specific intervention supports and tools (\$1.5 million)

The MHCC hopes to be able to provide support to communities as they develop interventions that are targeted to their local needs within each of the pillars of activity. This funding would allow MHCC to develop evidence-informed and best practice tools and resources related to suicide prevention, mental wellness, and life promotion. These tools and resources would be used by participating communities and form the basis for a toolkit which will be scaled-up across other communities in the final project phase.

National public awareness campaign (\$5 million)

This broad national public awareness campaign would include posters, cinema spots, information leaflets, brochures, public events, and digital campaigns (web and social media). The aim is to improve knowledge and education about suicide and its prevention, including where to seek help, and to reduce the stigmatization of the topic of suicide and the individuals impacted.

Nationally coordinated promotion and update of training for key stakeholder groups on suicide awareness and prevention (\$1 million)

Gatekeepers play a key role in suicide prevention. Gatekeepers are the community members, elders and leaders who are well-positioned in our communities to be amongst the first to identify an individual who is at risk of suicidal behaviour and connect the individual to appropriate treatment. This funding would allow MHCC to offer training and resources to healthcare providers, educators, first responders and other key target groups. This funding would also allow MHCC to refresh the *Mindset: Reporting on Mental Health* Guidelines in partnership with media, subject matter experts, and people with lived experience to ensure that media and journalists are reporting safely and responsibly about suicide and mental health. It would also enable us to track trends related to media coverage of mental health and suicide over time.

National post-project scale-up (\$3 million)

A further post-project scale-up phase would be initiated over a subsequent three (3) year period. During this phase, additional communities would be supported through local capacity building, training and support.

In summary, the funding would be allocated as follows:

Activity	Amount
Territorial participation	\$12M
Expansion of provincial participation	\$20M
Research and evaluation	\$1.5M
National advisory committee	\$0.5M
Development of intervention supports and tools	\$1.5M
National public awareness campaign	\$5M
National training on suicide awareness and prevention	\$1M
National post project scale-up	\$3M
TOTAL	\$44.5M

The Mental Health Commission of Canada is poised to act quickly on this proposal, building on the robust planning and preparation work that has already been completed and the stakeholder partnerships and engagement we have fostered in this area, including current funding commitments from provinces. It is time for Canada to step up and address this national public health crisis. It is what our citizens expect and deserve.