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## Strategies Related to Suicide Prevention in Canada

October 2018



Centre de collaboration nationale  
sur les politiques publiques et la santé

National Collaborating Centre  
for Healthy Public Policy

*Institut national  
de santé publique*

Québec



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## **Strategies Related to Suicide Prevention in Canada**

**October 2018**

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## **ACKNOWLEDGEMENTS**

We would like to thank the National Collaborating Centre for Indigenous Health for their assistance during the validation process.

## **SUGGESTED CITATION**

Arulthas, S. (2018). *Strategies related to suicide prevention in Canada*. Montréal, Canada: National Collaborating Centre for Healthy Public Policy.

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Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Publication No: 2656 (English version)

*This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: [www.inspq.qc.ca/english](http://www.inspq.qc.ca/english) and on the National Collaborating Centre for Healthy Public Policy website at: [www.ncchpp.ca](http://www.ncchpp.ca).*

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*Information contained in the document may be cited provided that the source is mentioned.*

Legal deposit – 2<sup>nd</sup> quarter 2020  
Bibliothèque et Archives nationales du Québec  
ISBN: 978-2-550-86335-9 (French PDF)  
ISBN: 978-2-550-86336-6 (PDF)

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## Introduction

The NCCHPP produced a Scan of Mental Health Strategies<sup>1</sup> to show what is being developed in the field of population mental health across Canada. This Scan provides an overview of mental health and wellness and related strategies through comparative tables and summaries, with a particular emphasis on work related to the promotion of mental health and the prevention of mental illnesses.

This document presents the information contained in the online comparative table that lists the most recent strategies related to suicide prevention in Canada. In developing this section of the Scan, a search of the grey literature was carried out, and completed by reaching out to key informants in certain provinces/territories. Briefly, we searched for suicide prevention strategies in each province and territory, as well as pan-Canadian strategies. The same procedure was used for identifying Indigenous-specific strategies. Despite this, the content is not necessarily a comprehensive review of all strategies. It should be noted that certain publications though not strategies or action plans themselves, i.e. frameworks, scientific advisory reports, etc., have been included in this section due to the breadth of their recommendations, or their importance as reference documents.

To describe each strategy, a summary is presented, as well as its objectives, its guiding values and principles, the dimensions of mental health promotion, mental illness prevention, and early intervention, elements of its evaluation, and a listing any preceding versions of the strategy and accompanying evaluation reports.

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<sup>1</sup> The Scan of Mental Health Strategies is available online at: [http://www.ncchpp.ca/553/publications.ccnpps?id\\_article=1905](http://www.ncchpp.ca/553/publications.ccnpps?id_article=1905)



# 1 Alberta

## 1.1 A call to action: The Alberta Suicide Prevention Strategy [2005-2015]

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### Organization

Government of Alberta, Alberta Health Services, Alberta Mental Health Board

### Year

2005

### Sub-populations

Indigenous peoples; Individuals affected by the aftermath of suicidal behaviour or a suicide death; Individuals who are chronically or terminally ill; Individuals with a mental illness; Elderly people; Homeless people; Individuals in custody; Individuals living in rural and remote areas; Individuals with substance abuse issues and problem gambling issues; Middle-aged males; Previous suicide attempters; Adolescents and young adults; Gay, lesbian, bisexual, transgendered and two-spirited youth; Individuals working in specific occupation groups; Victims of family violence.

### Summary

*A call to action* was drafted by the Alberta Suicide Prevention Strategy Working Group and followed by extensive consultation across the province. The purpose of this strategy is to “prevent and reduce suicide, suicidal behaviour, and the effects of suicide in Alberta over the next 10 years. The strategy will target a 19% reduction of the provincial suicide rate” (Alberta Mental Health Board, 2005, p. 13).

The strategy links with existing suicide and mental health strategies provincially and nationally, such as *A Provincial Mental Health Plan for Alberta* and the *Blueprint for a Canadian National Suicide Prevention Strategy*, as well as other national and international work.

An implementation plan is forthcoming.

### Objectives

The strategy consists of eight goals:

1. “Secure targeted and sustainable funding to implement the Alberta Suicide Prevention Strategy.
2. Enhance mental health and well-being among Albertans.
3. Improve intervention and treatment for those at risk of suicide in Alberta.
4. Improve intervention and support for Albertans affected by suicide.
5. Increase efforts to reduce access to lethal means of suicide.
6. Increase research activities in Alberta on suicide, suicidal behaviour, and suicide prevention.
7. Improve suicide and suicidal behaviour-related surveillance systems in Alberta.
8. Increase evaluation and continuous quality improvement activities in Alberta for suicide prevention programs.” (Alberta Mental Health Board, 2005, p. 19)

Each goal is further associated with corresponding objectives that comprise actions to be completed at the local, regional, and provincial levels.

### **Guiding Values and Principles**

N/A

### **Promotion/Prevention/Early Intervention**

Objectives listed under goal #2 comprise health promotion actions at both the local and provincial levels. These include activities proven to enhance developmental and protective factors, address common precursors for suicide, reduce stigma attached to accessing mental health services/suicide prevention supports, and increase public awareness of suicide, as well as culturally appropriate activities using a community development approach to promote mental well-being of Aboriginal peoples.

Other relevant objectives under various goals include establishing guidelines for the media when reporting on suicide; increasing the breadth of organizations that integrate suicide prevention into their programming; providing evidence-based training for various professionals such that they can identify and intervene with those at risk of suicide; reducing access to lethal means of suicide; developing evidence-based screening and intervention guidelines; and disseminating best or promising practices in suicide prevention.

### **Evaluation/Measures/indicators**

The development and implementation of an “on-going and comprehensive evaluation framework for the *Alberta Suicide Prevention Strategy* including evaluation of activities at local, regional and provincial levels” is included as an objective under Goal #8 (Alberta Mental Health Board, 2005, p. 27).

Furthermore, a timeline for the evaluation of this strategy is proposed, including the development of the evaluation framework, and collection of baseline data, followed by formative evaluation, and summative evaluation of short, medium and long outcome achievement, as well as the development of standardized performance measures to ensure continuous quality improvement (see page 29).

### **Sources**

Alberta Mental Health Board. (2005). *A Call to Action: The Alberta Suicide Prevention Strategy (2005-2015)*. Retrieved from: <https://www.albertahealthservices.ca/assets/healthinfo/ip/hi-mhw-sps-main-2006-03.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 1.2 Honouring Life: Aboriginal Youth and Communities Empowerment Strategy

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### Organization

Government of Alberta, Alberta Health Services

### Year

2009

### Sub-populations

Indigenous peoples (Youth, Communities).

### Summary

In 2009, the Aboriginal Youth Suicide Prevention Strategy was revised and published as the Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES). The strategy was thus modified to promote and build protective factors in youth, and enhance overall physical, mental, emotional, and spiritual wellness, which is the preferred approach in Aboriginal communities. As such, “The approach shifts away from suicide prevention to a focus on enhancing the well-being of Aboriginal youth in a holistic fashion” (Alberta Health Services, 2009, p. 8).

The strategy has the following vision: “Alberta’s Aboriginal youth are balanced, healthy, and hopeful about their life journeys, proud of their cultural identities, and confident in pursuing success in their lives and communities” (Alberta Health Services, 2009, p. 9).

In 2014, AYCES adopted the Community is the Medicine model (Dr. Darien Thira). AYCES is presently being revised by Population, Public Health and Indigenous Health of the Alberta Health Services

### Objectives

Three goals are elaborated within this strategy (Alberta Health Services, 2009, p. 9):

- “Goal 1: Support communities, identify strengths and build capacity to contribute to well-being and resiliency of Aboriginal youth and communities.”
- “Goal 2: Establish partnerships to support awareness, education and training in the areas of well-being and resiliency for Aboriginal youth and communities.”
- “Goal 3: Establish partnerships to support research and evaluation to inform future planning.”

In addition, the strategy recommends two policy directions (Alberta Health Services, 2009, p. 10):

- “A focus on community protective factors and individual and community well-being form the foundation of intersectoral work in preventing Aboriginal youth suicide.”
- “Work with provincial and federal counterparts and Aboriginal community representatives towards a shared vision and long term commitment to jointly address Aboriginal youth suicide.”

### **Guiding Values and Principles**

The strategy is based on the following principles (Alberta Health Services, 2009, p. 4):

1. “Wellness is achieved through a shared understanding of mental, physical, spiritual and emotional elements of well-being.”
2. “Community involvement is the key to understanding and responding to the needs of Aboriginal youth in their communities.”
3. Respect is fundamentally important to gain support and promote appropriate involvement.”
4. “Trust is built between parties with mutual intentions and through consistent action sustained over time.”
5. “Working together in harmony from two diverse worldviews, western scientific and the Aboriginal ways of knowing.”
6. “Change of this magnitude will require sustained commitment.”

In addition, the following values underlie this strategy: harmony, interconnectedness, and balance.

### **Promotion/Prevention/Early Intervention**

“This strategy works toward utilizing a health determinants perspective and protective factors or asset based approach to address Aboriginal youth suicide, or other Aboriginal youth issues” (Alberta Health Services, 2009, p. 5). More specifically, the goals of this strategy include building community capacity, strengthening protective factors that contribute to the health and resiliency of Aboriginal youth and communities, supporting cultural renewal and continuity through Elders and other community leaders, providing opportunities for youth to get involved in community leadership or other avenues of life, increasing awareness and education, and providing training for youth on wellness and resiliency.

### **Evaluation/Measures/indicators**

An overview of the results of the formative and summative evaluation of the *Aboriginal Youth Suicide Prevention Strategy* are available on pages 13-15 at:

<https://www.albertahealthservices.ca/assets/healthinfo/MentalHealthWellness/hi-mhw-honouring-life-final.pdf>

### **Sources**

Alberta Health Services. (2018). *Indigenous Health. Honouring Life - Aboriginal Youth and Communities Empowerment Strategy (AYCES)*. Retrieved from:  
<https://www.albertahealthservices.ca/info/Page2735.aspx>

Alberta Health Services. (2009). *Honouring Life: Aboriginal Youth and Communities Empowerment Strategy*. Retrieved from:  
<https://www.albertahealthservices.ca/assets/healthinfo/MentalHealthWellness/hi-mhw-honouring-life-final.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 2 Manitoba

### 2.1 Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy

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#### Organization

Government of Manitoba

#### Year

2008

#### Sub-populations

Children & Youth; Vulnerable populations

#### Summary

“Manitoba Health and Healthy Living led the development of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* in collaboration with several key partners [...] The main components and basic structure of the strategy were influenced by the Canadian Association of Suicide Prevention Blueprint and the “Framework for Suicide Prevention in Manitoba” and are consistent with the federal government's National Aboriginal Youth Suicide Prevention Strategy” (Government of Manitoba, 2008, p. 2). As such, the strategy utilizes the five components of the *Manitoba Suicide Prevention Framework* that provide a comprehensive approach to suicide prevention:

1. assessment and planning,
2. mental health promotion,
3. awareness and understanding,
4. prevention, intervention and postvention, and
5. data surveillance, research and evaluation.

The strategy describes current, enhanced and new initiatives through the lens of these five components. Together, this inventory of initiatives comprises a comprehensive and co-ordinated strategy for youth suicide prevention

#### Objectives

“The goal of the strategy is to prevent the tragedy of youth suicide and suicide-related thoughts and behaviours. Activities were identified for the strategy that both enhance protective factors and reduce risk factors known to contribute to suicidal thinking and behaviour. The strategy will help youth develop healthy individual coping strategies encouraging them to embrace and succeed in life; will enhance family, social and community supports; and will improve access to mental health treatment” (Government of Manitoba, 2008, p.2).

#### Guiding Values and Principles

Guiding principles include: community-based initiatives, cultural relevance, evidence-based and evidence-informed, recognition of traditional and cultural knowledge, consumer involvement, flexibility, and sustainability, mental health and well-being promotion, with a focus on youth considered at-risk and activities that have maximum impact.

### **Promotion/Prevention/Early Intervention**

Examples of enhanced or new initiatives for the following dimensions are listed here: mental health promotion, awareness and understanding, and prevention.

For mental health promotion, novel efforts comprise enhancing skills and providing leadership training for youth, as well as developing opportunities for children and youth to become more physically active; developing a universal drug abuse prevention program targeting youth in middle schools or junior high schools; and fostering intersectoral collaboration to identify new mental health promotion opportunities for investment.

For awareness and understanding, new initiatives comprise a school-based prevention program that incorporates curricula on suicide and related issues; expanding workshops and peer support programs in schools; and developing resources that help individuals recognize the signs and symptoms of mental health problems and guide towards appropriate professional help.

No new or enhanced prevention initiatives are proposed within the scope of this strategy.

### **Evaluation/Measures/indicators**

N/A

### **Sources**

Government of Manitoba. (2008). *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*. Retrieved from: <https://www.gov.mb.ca/health/mh/docs/hope.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 3 New-Brunswick

### 3.1 Connecting to life: Provincial Suicide Prevention Program

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#### Organization

New-Brunswick Health

#### Year

2007

#### Sub-populations

Whole population approach; Vulnerable populations

#### Summary

“The Province of New Brunswick recognizes suicide as a serious social problem” (NB - Department of Health, 2007, p. 6). The program is supported by three primary institutions. “At the local level, prevention activities are coordinated through Community Suicide Prevention Committees. Regional initiatives are supported by Regional Health Authorities. The Department of Health provides structure and coordination on a provincial basis” (NB - Department of Health, 2007, p. 14). “Efforts of governmental and community-based agencies are coordinated to promote closer collaboration between existing and emerging partners” (NB - Department of Health, 2007, p. 6).

“Community Suicide Prevention Committees identify specific local needs and act to reinforce personal, familial and peer networks, building on existing community-based resources. Broad community participation is a key component in the strategy to prevent deaths by suicide” (NB - Department of Health, 2007, p. 6) along with attention to community action, continuous education, and interagency collaboration which serve as guiding values and goals. The program is conceptually modeled on a modified version of the Ecological Systems Theory which specifies a series of social and interpersonal networks that interact with individuals. The program uses this conceptual model to coordinate activities within three program components: prevention, intervention and postvention (NB - Department of Health, 2007).

#### Objectives

N/A

#### Guiding Values and Principles

The principles and goals of the New Brunswick Suicide Prevention Program include community action, continuous education, and interagency collaboration.

#### Promotion/Prevention/Early Intervention

“The NB Suicide Prevention Program uses the conceptual model of Bronfenbrenner to coordinate activities within three program components: prevention, intervention and postvention” (NB - Department of Health, 2007, p. 12).

"Prevention activities are carried out provincially through health promotion, education and public awareness campaigns regarding the nature and frequency of suicide, common risk factors and available services. Suicide prevention seeks to build on and strengthen natural networks within the community" (NB - Department of Health, 2007, p. 12).

**Evaluation/Measures/indicators**

N/A

**Sources**

NB - Department of Health. (2007). *Connecting to life: Provincial suicide prevention program*. (Program description). New Brunswick. Retrieved from: <http://www.gnb.ca/0055/pdf/4768e-compressed.pdf>

**Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 4 Nova Scotia

### 4.1 Nova Scotia Strategic Framework to Address Suicide

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#### Organization

Government of Nova Scotia, Department of Health Promotion and Protection (now called the Department of Health and Wellness), Provincial Strategic Framework Development Committee

#### Year

2006

#### Sub-populations

Indigenous peoples; Lesbian, gay, bisexual, and transgendered youth; Individuals who have a mental illness; Youth; Senior men; Middle-aged women; Homeless individuals

#### Summary

This seven-to-ten year plan was developed by the Provincial Strategic Framework Development Committee in consultation with communities and partners across Nova Scotia. The vision of the Nova Scotia Strategic Framework to Address Suicide is: “Working together to reduce the impact of suicide through building hope, strength, and resiliency, so that every person can lead a healthy and safe life” (Provincial Strategic Framework Development Committee, 2006, p. 15). As such, the framework is meant to guide collective efforts for a comprehensive, integrated approach to reducing suicide through the development and implementation of culturally competent activities across the province.

This framework should be considered a “living” document, and as such will change and evolve based on evaluation, emerging best or promising practices, and the changing needs of Nova Scotia communities.

#### Objectives

The strategic goals of this framework focus on six key areas:

1. “Leadership, Infrastructure, and Partnerships;
2. Awareness and Understanding;
3. Prevention;
4. Intervention;
5. Postvention (Bereavement Support) and;
6. Knowledge Development and Transfer.” (Provincial Strategic Framework Development Committee, 2006, p. 34)

The six strategic goals are elaborated as follows:

1. “*The Nova Scotia Strategic Framework to Address Suicide* has the appropriate and adequate leadership, capacity, and infrastructure.
2. Individuals, communities, institutions, policy makers, the media, care providers, survivors, families, and those who may work with at risk populations are aware of and understand the issue of suicide.

3. Integrated prevention programs, services, and strategies, focused on minimizing risk factors, building resiliency, and heightening protective factors for suicide.
4. Integrated and seamless intervention programs, services, and strategies.
5. Comprehensive postvention programs, services, and strategies to support those who are bereaved by suicide or impacted by suicidal behaviours.
6. Community action and decision-making is informed by the timely collection, analysis, and dissemination of data and research on suicide.” (Provincial Strategic Framework Development Committee, 2006, pp. 15-16).

### **Guiding Values and Principles**

This framework is underpinned by the following guiding principles:

- “Build on evidence-based suicide prevention, intervention, and postvention strategies and initiatives;
- Be comprehensive – addressing the multidimensional factors that play a role in addressing suicide;
- Be relevant to the needs of all populations based on consultation, surveillance, and research;
- Be a living document that is evidence-based and continuously monitored and evaluated;
- Reflect the different communities, cultures, and diversity of stakeholders;
- Facilitate collaborative strategies across sectors to promote protective factors and strengthen hope and resiliency; and
- Be guided by a population health approach.” (Provincial Strategic Framework Development Committee, 2006, p. 15).

### **Promotion/Prevention/Early Intervention**

“The strategic goals and actions identified in the *Strategy for Addressing Suicide in Nova Scotia* encompass a population health/health promotion approach and consider:

- The whole or a large sub-section of the population;
- Strategies for addressing the determinants of health;
- The issue of suicide prevention, and recommended research-based strategies;
- The issue of suicide from an upstream perspective;
- The use of multiple strategies;
- Strategies for working with partners across sectors;
- Processes that incorporate input from stakeholders and those concerned about the issue of suicide; and
- Built-in methods for outcome accountability.” (Provincial Strategic Framework Development Committee, 2006, p. 23).

More specifically, objectives listed under strategic goals 1, 2 and 3 include establishing provincial standards for culturally competent suicide prevention programming, as well as building capacity of programs and services to address suicide; increasing awareness of suicide prevention among the public, stakeholder communities, policy and decision-makers; reducing access to lethal means of suicide; developing and implementing training for individuals working in suicide prevention; increasing use of best practice guidelines when reporting on suicide and mental health issues in the media; fostering intersectoral partnerships to facilitate the implementation of this framework.

#### **Evaluation/Measures/indicators**

Working groups will be established to guide the implementation of the strategic framework, and to develop specific tasks and timelines for achieving goals and objectives, as appropriate for each community and/or population group.

The need for an evaluation to monitor the effectiveness of the framework is identified. A formative and summative evaluation will be conducted. No further details are provided.

#### **Sources**

Provincial Strategic Framework Development Committee. (2006). *Nova Scotia Strategic Framework to Address Suicide*. Retrieved from: <https://novascotia.ca/dhw/healthy-communities/documents/Nova-Scotia-Strategic-Framework-to-Address-Suicide.pdf>

#### **Preceding Strategies and Accompanying Evaluation Reports**

N/A



## 5 Nunavut

### 5.1 Nunavut Suicide Prevention Strategy

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#### Organization

Government of Nunavut; Nunavut Tunngavik Inc.; Embrace Life Council; Royal Canadian Mounted Police

#### Year

2010

#### Sub-populations

Whole population approach; Indigenous peoples

#### Summary

“In response to a longstanding demand for a coordinated approach, in 2008 the Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP) formed a partnership to create a Nunavut Suicide Prevention Strategy” (Government of Nunavut [GN], Nunavut Tunngavik Inc. [NTI], the Embrace Life Council [ELC], & Royal Canadian Mounted Police [RCMP], 2010, p. 1). “It begins with the Partners' vision for a healthier Nunavut. [...] [The vision that guides the entire Strategy is that] Inuit are not predisposed by virtue of ethnicity to be at a higher risk of suicide than non-Inuit. Grounded in and encouraged by this truth, the Partners envision a Nunavut in which suicide is de-normalized, where the rate of suicide is the same as the rate for Canada as a whole – or lower” (GN, NTI, ELC & RCMP, 2010, p. 2).

“[The strategy] examines the current situation, and the historical and present-day factors that underlie and perpetuate it. This information forms the background for discussion of the Strategy's approach and core components, the challenges to be overcome, and the concrete commitments undertaken by the Partners” (GN, NTI, ELC & RCMP, 2010, p. 2).

#### Objectives

The strategy is built around three core components:

1. “A full range of mental health services and supports.
2. Evidence-based interventions that have been shown in other jurisdictions to successfully decrease the rate of suicide.
3. Community-development activities (commonly known as “embrace life” or “celebrate life” activities) that promote individual and community mental wellness, build self-esteem and confidence, and give participants new skills to live healthier lives.” (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & Royal Canadian Mounted Police, 2010, p. 12).

Eight commitments have been elaborated for each of these three core components (Government of Nunavut et al., 2010, pp. 17-20):

- “Commitment 1: The GN [Government of Nunavut] will take a more focused and active approach to suicide prevention.”

- “Commitment 2: The Partners will strengthen the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care.”
- “Commitment 3: The Partners will better equip youth to cope with adverse life events and negative emotions.”
- “Commitment 4: The GN will deliver suicide-intervention training on a consistent and comprehensive basis.”
- “Commitment 5: The Partners will support ongoing research to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives.”
- “Commitment 6: The Partners will communicate and share information with Nunavummiut on an ongoing basis.”
- “Commitment 7: The GN will invest in the next generation by fostering opportunities for healthy development in early childhood.”
- “Commitment 8: The Partners will provide support for communities to engage in community-development activities.

### **Guiding Values and Principles**

N/A

### **Promotion/Prevention/Early Intervention**

Commitments put forward by the strategy comprise various promotion/prevention efforts, including developing public awareness campaigns against physical and sexual assault, parenting classes, anger management courses, mental health-related supports in schools, and ensuring greater access to healthy activities (i.e. sports, camps) to better equip youth to cope with adverse events and negative experiences; providing opportunities for healthy early childhood development; providing suicide-intervention training for professionals who work with high-risk individuals; and promoting community development activities.

Other relevant efforts include fostering greater cross-government collaboration to facilitate the implementation of this strategy

### **Guiding Values and Principles**

N/A

### **Evaluation/Measures/indicators**

In 2014, a formal evaluation of the strategy was undertaken. The evaluation set out to assess whether progress was being made towards the overall vision and objectives of the strategy, as well as towards the actions identified in the Action Plan 2011-2014, whether implementation was a collaborative process (i.e. how well partners were working together), and to identify areas for improvement.

Findings from the evaluation can be found within the *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan* which is available at:

<https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

## Sources

Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council and Royal Canadian Mounted Police. (2010). *Nunavut Suicide Prevention Strategy*. Retrieved from: [https://www.gov.nu.ca/sites/default/files/files/NSPS\\_final\\_English\\_Oct%202010\(1\).pdf](https://www.gov.nu.ca/sites/default/files/files/NSPS_final_English_Oct%202010(1).pdf)

## Preceding Strategies and Accompanying Evaluation Reports

Aarluk Consulting Inc. (2015). *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan*. Retrieved from: <https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

## 5.2 Inuusivut Anninaqtuq Action Plan 2017-2022

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### Organization

Government of Nunavut; Nunavut Tunngavik Incorporated; Royal Canadian Mounted Police V-Division; Embrace Life Council

### Year

2017

### Sub-populations

Whole population approach; Indigenous Peoples

### Summary

Inuusivut Anninaqtuq (United for Life) is Nunavut's third suicide prevention action plan, based on the Nunavut Suicide Prevention Strategy published in 2010. It presents actions agreed to by partners implicated in the strategy for the next five years, from 2017 to 2022.

In July 2016, Inuit Tapiriit Kanatami (ITK) released the *National Inuit Suicide Prevention Strategy* (NISPS). The authors have taken much inspiration from the NISPS and have used it to enhance this action plan.

This action plan emphasizes the necessity of achieving social equity for primary prevention of suicide. As such, it endorses present work being carried out regarding access to adequate housing (*Blueprint for Action on Housing* and *Angiraqangittuliriniq, A Framework for Action for Nunavut's Absolute Homeless*), poverty reduction (*Makimaniq Plan 2: A Shared Approach to Poverty Reduction*), and crime prevention (*Nunavut Crime Prevention Strategy*).

### Objectives

This action plan sets out actions to implement from 2017 to 2022 in concordance with the eight commitments elaborated in the Nunavut Suicide Prevention Strategy which address the most urgent gaps in suicide prevention. These eight commitments are:

1. "We will take a focused and active approach.
2. We will strengthen mental health services.
3. We will support youth resilience.
4. We will deliver intervention training.
5. We will support research, monitoring and evaluation.
6. We will communicate openly with Nunavummiut about prevention and our progress.
7. We will support early childhood development.
8. We will support community-led action" (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & Royal Canadian Mounted Police, 2017, p. 5).

### Guiding Values and Principles

N/A

### Promotion/Prevention/Early Intervention

Key actions proposed to strengthen youth resilience, including health promotion initiatives, include: campaigns against bullying and physical and sexual violence; fostering youth leadership skills through youth councils, events, and training programs; making strength-based programs rooted in Inuit skills, knowledge and practices more accessible to youth; integrating more socio-emotional learning content in schools, sports programs, and other settings frequented by children and youth; increasing access to healthy recreational activities, including sports and the arts; and increasing participation and success in school among children and youth. Further actions to support healthy early childhood development and reduce early adverse experiences comprise increasing access to parenting supports rooted in Inuit culture; increasing availability of early childhood education; improving nutrition and overall food security; and strengthening services that protect children from abuse and neglect.

Further efforts within the scope of mental health promotion, mental illness prevention, and early intervention include providing enhanced training for individuals who work with high-risk groups, such as cultural competency training, and providing funding, information and resources, and training to support community-led initiatives in suicide prevention.

Finally, key actions proposed to strengthen mental health services underpin the use of a wellness approach, with community-based programming that is rooted in Inuit culture.

### Evaluation/Measures/indicators

Ongoing monitoring and evaluation of the implementation of the Nunavut suicide prevention strategy is listed under commitment 5. Specific actions include:

“Develop and implement a comprehensive monitoring and evaluation plan for the implementation of this action plan that includes:

- A performance monitoring framework to guide ongoing monitoring of progress toward outcomes by all stakeholders throughout the five years of this action plan, including a tool to track overall financial resources directed toward suicide prevention;
- Collecting baseline data within the first year;
- Coordination with Population Health and their ongoing monitoring outcomes of community wellness programs;
- Bi-annual assessments of progress towards the outcomes;
- Annual reflective sessions among the NSPS Partners to review progress and identify any course corrections needed;
- Production of an annual progress report; and,
- A comprehensive evaluation in 2020-21 of the implementation of this action plan.” (Government of Nunavut et al., 2017, p. 27).

### Sources

Government of Nunavut, Nunavut Tunngavik Inc., Royal Canadian Mounted Police and Embrace Life Council. (2017). *Inuusivut Anninaqtuq Action Plan 2017 – 2022*. Retrieved from: [https://www.gov.nu.ca/sites/default/files/inuusivut\\_anninaqtuq\\_english.pdf](https://www.gov.nu.ca/sites/default/files/inuusivut_anninaqtuq_english.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

Government of Nunavut, Nunavut Tunngavik Inc., Royal Canadian Mounted Police & Embrace Life Council. (2016). *Resiliency Within: an action plan for suicide prevention in Nunavut 2016/2017*.

Retrieved from: [https://www.gov.nu.ca/sites/default/files/resiliency\\_within\\_eng.pdf](https://www.gov.nu.ca/sites/default/files/resiliency_within_eng.pdf)

Aarluk Consulting Inc. (2015). *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan*. Retrieved from:

<https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council and Royal Canadian Mounted Police. (2011). *Nunavut Suicide Prevention Strategy: Action Plan*. Retrieved

from: <https://www.gov.nu.ca/sites/default/files/files/nsps-eng.pdf>

## 6 Ontario

### 6.1 Youth Suicide Prevention Plan

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#### Organization

Ministry of Children, Community and Social Services

#### Year<sup>2</sup>

N/A

#### Sub-populations

Youth

#### Summary

The youth suicide prevention plan has been launched as part of Ontario's Comprehensive Mental Health and Addictions Strategy, with the goal of assisting communities to better respond to youth in crisis.

#### Objectives

N/A

#### Guiding Values and Principles

N/A

#### Promotion/Prevention/Early Intervention

Various child and youth mental agencies have received funding through the youth suicide prevention plan to “support local suicide prevention efforts and engage with their community partners and Ontarians to:

- raise awareness about mental health
- build the capacity of their communities to respond to young people in crisis and prevent youth suicide” (Ministry of Children, Community and Social Services, 2016).

Two activities highlighted by the plan include the organization of annual provincial mobilization forums to be held across the province to provide education and training on youth suicide prevention to various professionals who may be in contact with youth in crisis, and the promotion of an online toolkit for communities, *Together to Live*, for building capacity and implementing and evaluating youth suicide prevention, risk management and postvention strategies using evidence-informed approaches.

This also includes funding for First Nations, Métis, Inuit and urban Aboriginal communities to ensure culturally appropriate and community-driven programming and resources.

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<sup>2</sup> The complete plan could not be identified. According to the information presented on the website of the Ministry of Children, Community and Social Services, it is not possible to confirm whether this plan is still current

Other community-level efforts may include: organizing awareness events with partner organizations; providing resources for individuals in contact with youth in crisis, as well as crisis training; assisting communities in meeting local needs related to youth suicide prevention; and fostering intersectoral collaboration.

**Evaluation/Measures/indicators**

N/A

**Sources**

Ministry of Children, Community and Social Services. (2016). *Youth Suicide Prevention Plan*.  
Consulted on August 21, 2018:

<http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/suicideprevention.aspx>

**Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 7 Prince Edward Island

### 7.1 The Building Blocks of Hope: A Suicide Prevention Strategy for Prince Edward Island

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#### Organization

Government of Prince Edward Island, Department of Health and Wellness & Canadian Mental Health Association - PEI Division

#### Year

2018

#### Sub-populations

Vulnerable groups; Service users; Service providers caring for individuals dealing with suicidality; Communities

#### Summary

This strategy was developed through extensive review of the published literature and consultation with various stakeholders. Briefly, existing national and international foundational documents were drawn upon to develop a list of best practices in suicide prevention which was then validated by a variety of community representatives and service providers.

A common theme that emerged through this consultation was hope as a focal point in working to prevent suicide: “The focus must be on instilling hope and challenging those factors that lead to hopelessness” (Department of Health and Wellness & Canadian Mental Health Association, 2018, p. 11). More specifically, hope can lead to recovery through such feelings as acceptance, freedom, support, and agency. As such, with a focus on building hope at the individual and community level, a model was developed based on three key factors; Hear, Help, and Heal.

In parallel, the strategy emphasizes the defining role of the social determinants of health in that all aspects of life can contribute to hope and hopelessness.

#### Objectives

Goals have been elaborated for each of the building blocks of the hope model (Department of Health and Wellness & Canadian Mental Health Association, 2018, pp. 16, 18, 20):

- “The goal of hearing as a component of building hope is to strengthen the connections within communities and to equip people to recognize and respond to hopelessness and suicide.”
- “The goal of helping is to ensure all Islanders have appropriate and timely supports and services to address their needs.”
- “The goal of healing is to provide awareness and tools to heal from the root causes of suicidality.”

Action items are further elaborated as per each goal.

#### Guiding Values and Principles

N/A

### **Promotion/Prevention/Early Intervention**

Action items defined under the Hear component of the hope model pertain to promotion/prevention. These pertain essentially to creating safe spaces to “share and receive safe messaging about suicide and mental wellbeing” and reducing stigma in communities to help break down barriers that prevent individuals from seeking help and to foster programming that provide hope and support (Department of Health and Wellness & Canadian Mental Health Association, 2018, p. 16). Specific actions include creating safe spaces for vulnerable groups to promote a sense of belonging to the community, establishing guidelines for the media when reporting on suicide, increasing gatekeepers, expanding evidence-based social-emotional learning programs and parenting programs, updating harassment and bullying policies in educational settings, reducing access to means of suicide, implementing school-based curricula on suicide, providing training at the individual and community level on mental health, suicide, addictions, etc., promoting helplines for reaching out, and promoting help-seeking behaviors in men and seniors.

In addition, when addressing intervention, person-centered approaches are emphasized, as well as incorporating cultural practice and ceremony into treatment, and ensuring holistic case management.

### **Evaluation/Measures/Indicators**

N/A

### **Sources**

Department of Health and Wellness & Canadian Mental Health Association. (2018). *The Building Blocks of Hope: A Suicide Prevention Strategy for Prince Edward Island*. Retrieved from: [https://www.princeedwardisland.ca/sites/default/files/publications/suicide-prevention\\_action-plan.pdf](https://www.princeedwardisland.ca/sites/default/files/publications/suicide-prevention_action-plan.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 8 Saskatchewan

### 8.1 First Nations Suicide Prevention Strategy

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**Organization**

Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group

**Year**

In construction

**Sub-populations**

N/A

**Summary**

A First Nations Suicide Prevention Strategy is forthcoming.

The *Discussion Paper regarding a Saskatchewan First Nations Suicide Prevention Strategy*, released in 2017 by the Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group is available here: <http://caid.ca/SasFNSuiDisPap2017.pdf>.

**Objectives**

N/A

**Guiding Values and Principles**

N/A

**Promotion/Prevention/Early Intervention**

N/A

**Evaluation/Measures/indicators**

N/A

**Sources**

Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group. (2017). *Discussion Paper regarding a Saskatchewan First Nations Suicide Prevention Strategy*. Retrieved from: <https://www.fsin.com/wp-content/uploads/2017/09/SK-FN-SPS-Discussion-Paper-FINAL.pdf>

**Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 9 Pan-Canadian

### 9.1 Working together to prevent suicide in Canada: the federal framework for suicide prevention

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#### Organization

Government of Canada; Public Health Agency of Canada

#### Year

2016

#### Sub-populations

Whole population approach; Serving members of the Canadian Armed Forces; Canadian Armed Forces Veterans; Indigenous populations; Newcomers (including refugees); Federally incarcerated individuals

#### Summary

“In accordance with *An Act respecting a Federal Framework for Suicide Prevention* which became law in December 2012, the Government of Canada developed the Federal Framework for Suicide Prevention (the Framework) to align federal activities in suicide prevention, while complementing the important work underway in provinces and territories, Indigenous organizations, non-governmental organizations and communities, as well as the private sector” (Public Health Agency of Canada, 2016, pp. 2-3). As such, the Framework is not a national strategy. However, it does set out the Government of Canada’s strategic objectives, guiding principles and commitments in suicide prevention. The Framework has the following vision: “A Canada where suicide is prevented and everyone lives with hope and resilience” (Public Health Agency of Canada, 2016, p. 12).

The Framework was developed following online public consultation and with information gathered through webinars and meetings with various stakeholders at different levels. Furthermore, the Framework has been informed by and aligns with the following publications:

- *Mental Health Strategy for Canada: Changing Directions, Changing Lives*
- *First Nations Mental Wellness Continuum Framework*
- The World Health Organization’s report: *Preventing Suicide: A Global Imperative*

As such, the Framework reinforces a public health approach to suicide prevention, connects suicide prevention efforts across Canada, and serves as a foundation for partnerships across sectors, organizations and jurisdictions to prevent suicide.

#### Objectives

The following three strategic objectives have been identified (Public Health Agency of Canada, 2016, p. 12):

1. “Reduce stigma and raise public awareness”
2. “Connect Canadians, information, and resources”
3. “Accelerate the use of research and innovation in suicide prevention”

Actions towards the three strategic objectives will include providing guidelines to improve public awareness and knowledge of suicide and its prevention, with the goal of reducing stigma; developing and disseminating resources about suicide and its prevention; defining best practices for suicide prevention; promoting the use of research and evidence-based practices for suicide prevention; and promoting collaboration across sectors, regions and jurisdictions to ensure that mechanisms are in place for exchanging and uptake of information and evidence related to suicide prevention.

### **Guiding Values and Principles**

The following principles will guide the approach and actions to be undertaken to achieve the strategic objectives identified in this Framework: “Build hope and resilience [...] 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” (Public Health Agency of Canada, 2016, p. 12).

### **Promotion/Prevention/Early Intervention**

The Framework does not provide specific orientations for mental health promotion and mental illness prevention efforts. Nevertheless, it elaborates on effective initiatives currently underway in Canada in the area of suicide prevention, at the local, regional, national and international levels. While building on the many efforts already underway and better coordinating existing federal activities, the framework is also meant to improve collaboration among partners and stakeholders and establish new activities focused on shared priorities. Collaborators include provincial and territorial governments, Indigenous organizations, non-governmental organizations, employers, communities, gatekeepers and first responders, survivors, media and social media.

The framework also highlights the specific populations groups for whom the Government of Canada undertakes activities, including those related to mental health and suicide: serving members of the Canadian Armed Forces, veterans, serving and former members of the Royal Canadian Mounted Police and the Correctional Service of Canada, Indigenous populations, newcomers, including refugees, and federally incarcerated individuals.

### **Evaluation/Measures/indicators**

Progress related to the Framework will be reported by December 2016 and every two years thereafter. “Reporting will be conducted through existing federal mechanisms for public reporting, as well as through the Government of Canada’s online resource on suicide prevention” (Public Health Agency of Canada, 2016, p. 31).

The 2016 Progress Report on the Federal Framework for Suicide Prevention is available here: <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/publications/healthy-living-vie-saine/framework-suicide-progress-report-2016-rapport-d-etape-cadre-suicide/alt/64-03-15-1430-suicideprev-progressreport-eng.pdf>

### **Sources**

Public Health Agency of Canada. (2016). *Working together to prevent suicide in Canada: the federal framework for suicide prevention*. Retrieved from: <https://www.canada.ca/content/dam/canada/public-health/migration/publications/healthy-living-vie-saine/framework-suicide-cadre-suicide/alt/framework-suicide-cadre-suicide-eng.pdf>

## Preceding Strategies and Accompanying Evaluation Reports

Canadian Association for Suicide Prevention. (2009). *The CASP Blueprint for a Canadian National Suicide Prevention Strategy: Second Edition*. Retrieved from:

<https://suicideprevention.ca/resources/Documents/SuicidePreventionBlueprint0909.pdf><sup>3</sup>

## 9.2 National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework

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### Organization

Government of Canada, Health Canada

### Year

2013

### Sub-populations

Youth (10 to 30 years old); First Nations youth living on a reserve; Inuit youth living in an Inuit community

### Summary

In 2005, a five-year National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) (2005-2010) for First Nations living on reserve and Inuit living in Inuit communities was established, as part of Phase I of NAYSPS. As part of NAYSPS Phase II, the Strategy was renewed for another 5 years (2010-2015).

Briefly, NAYSPS aims to:

- “Increase protective (preventive) factors against suicide (e.g. resiliency); and,
- Reduce risk factors associated with Aboriginal youth suicide (e.g. addictions)” (Health Canada, 2013, p. 7)

### Objectives

The Strategy has six goals (Health Canada, 2013, pp. 13-15):

1. “Increase awareness and understanding of preventing suicide among Aboriginal youth”
2. “Strengthen key protective factors (e.g. strong sense of identity, meaning and purpose, perceived community connectedness, etc.)”
3. “Strengthen and facilitate collaborative approaches and linkages within and across government, agencies, and organizations”
4. “Develop and carry out locally-driven community plans for preventing suicide in First Nations and Inuit communities”
5. “Improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a suicide-related crisis in First Nations communities south of 60”
6. “Enhance the development of knowledge about what we know about what works in preventing suicide among Aboriginal youth”

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<sup>3</sup> This publication does not necessarily precede the Federal Framework for Suicide Prevention, but is a reference document which has helped inform subsequent suicide prevention work in Canada.

Each goal is associated with further objectives for action.

### **Guiding Values and Principles**

Guiding principles of this strategy include:

- “Projects and activities must use approaches that are consistent with evidence;
- Utilize community-based approaches;
- Be community-driven;
- Be culturally relevant, appropriate and safe;
- Meaningfully involve youth (e.g. youth action teams, student council, youth committees, etc.);
- Incorporate elements of primary, secondary and tertiary prevention, and knowledge development, where appropriate;
- Consider varying levels of community-readiness;
- Respect local cultures and traditions;
- Promote the prevention of suicide as everyone’s responsibility;
- Complement provincial and territorial mandates; and,
- Promote life and well-being” (Health Canada, 2013, p. 9).

Furthermore, NAYSPS uses a strengths-based approach to addressing Aboriginal youth suicide

### **Promotion/Prevention/Early Intervention**

“The Strategy is based on four elements of prevention (primary, secondary and tertiary prevention, and knowledge development)” (Health Canada, 2013, p. 9).

Select objectives of interest associated with these four pillars of prevention include: promoting mental wellness; decreasing stigma around suicide, addictions and mental illness; and supporting the development of youth leaders, as well as the engagement of members of the community in developing and implementing suicide prevention efforts. More tangible actions items include developing educational activities and resources on health and well-being for parents of children and youth; educating frontline workers, volunteers, gatekeepers, etc. on suicide prevention, risk factors and the referral process; and providing communities with culturally relevant resources to help foster resiliency, well-being, and coping skills.

Finally, in utilizing a population health approach, community is recognized as an important determinant in addressing suicide. As such, the strategy encourages partnerships and linkages with a variety of stakeholders in order to have a greater impact on community-related determinants of health and mental wellness. Through NAYSPS, Health Canada is also committed to supporting First Nations and Inuit communities in developing community-specific suicide prevention initiatives that address community-identified priorities.

### **Evaluation/Measures/indicators**

Indicators to measure progress from 2010-2015 in primary, secondary, and tertiary prevention, and knowledge development have been elaborated (see pages 6-7). Anticipated outcomes are also listed.

## **Sources**

Health Canada. (2013). *National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) - Program Framework*. Retrieved from: [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt\\_formats/pdf/pubs/promotion/\\_suicide/strat-prev-youth-jeunes-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/pubs/promotion/_suicide/strat-prev-youth-jeunes-eng.pdf)

## **Preceding Strategies and Accompanying Evaluation Reports**

Cousins, J.B. & Chouinard, J.A. (2007). *Evaluation Framework: National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)*. Ottawa: University of Ottawa Centre for Research on Educational and Community Services.

## 10 Inuit Nunangat

### 10.1 National Inuit Suicide Prevention Strategy

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#### Organization

Inuit Tapiriit Kanatami

#### Year

2016

#### Sub-populations

Inuit

#### Summary

The National Inuit Suicide Prevention Strategy (NISPS) is designed to assist community service providers, policymakers, and governments in coordinating suicide prevention efforts at the national, regional, and community levels. It provides guidance and support for existing suicide prevention initiatives and strategies, as well as informing the development of new initiatives, via an evidence-based, Inuit-specific approach to suicide prevention.

The NISPS describes the evidence for effective suicide prevention via suicide risk factors and protective factors, and outlines six priority areas for action and investment, identified as necessary for guiding community and regional suicide prevention efforts in Inuit Nunangat.

#### Objectives

Six priority areas are outlined for action and investment (Inuit Tapiriit Kanatami, 2016, p. 28):

1. “create social equity”
2. “create cultural continuity”
3. “nurture healthy Inuit children”
4. “ensure access to a continuum of mental wellness services for Inuit”
5. “healing unresolved trauma and grief”
6. “mobilize Inuit knowledge for resilience and suicide prevention”

Each priority area funnels into specific objectives and actions that will be measured for progress. The strategy also envisions holistic, concurrent actions across all six priority areas.

#### Guiding Values and Principles

N/A

#### Promotion/Prevention/Early Intervention

The NISPS takes “a holistic approach to suicide prevention that focuses on intervening and providing support much earlier in life so that individuals are less likely to reach the point where they consider suicide [...] The Strategy’s evidence-based approach to suicide prevention considers the entire lifespan of the individual, as well as what can be done to provide support for families and individuals

in the wake of adverse experiences that we know increase suicide risk” (Inuit Tapiriit Kanatami, 2016, p. 9). As such, the NISPS proposes individual and community level health promotion, suicide prevention, and early intervention initiatives, that target individuals across the lifespan, address the social determinants of health, and are embedded in Inuit knowledge, language and culture, to reduce suicide risk.

Actions targeting children and families (priority area 3) include: raising public awareness about the link between adverse childhood experiences and risk for later suicide; and advocating for protection against child maltreatment, and for safe shelters, early childhood education and Inuit-specific schooling, and an integrated continuum of child protection services that is child-centered, responsive, and culturally safe.

Community level actions (priority areas 2, 5 and 6) include: supporting access to cultural activities and education; working to reduce stigma related to suicide and mental illness; providing public education about trauma in Inuit communities and individual- and community-wide implications; creating resources to guide said communities in responding to suicide, including the role of social media; creating media guidelines for reporting about Inuit suicides; creating and/or culturally adapting resources to foster resilience; and assisting Inuit regions in creating regional suicide prevention strategies.

Priority area 4 includes the objectives of ensuring access to a continuum of mental wellness services within the context of suicide prevention (universal prevention, targeted prevention, crisis intervention services, intervention); supporting training of healthcare professionals in suicide prevention best practices; and developing an Inuit wellness strategy.

Finally, working with governments at every level to address the broader social determinants of health is also addressed (priority area 1). Actions comprise advocating for resources that address social and health gaps, sharing information among Inuit regions about the connections between social inequity and suicide, and supporting Inuit-led research to fill gaps in knowledge and track the impact of improved social determinants of health on suicide rates. The eleven social determinants of Inuit health mentioned are “quality of early childhood development; culture and language; livelihoods; income distribution; housing; safety and security; education; food security; availability of health services; mental wellness; and the environment” (Inuit Tapiriit Kanatami, 2016, p. 30).

### **Evaluation/Measures/indicators**

Progress towards the achievement of objectives set out in this strategy will be evaluated in two-year increments.

An evaluation framework will be developed with key indicators and outcomes for each action item and processes for ongoing data collection. No further information is provided.

### **Sources**

Inuit Tapiriit Kanatami. (2016). *National Inuit Suicide Prevention Strategy*. Retrieved from: <https://itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A





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