



WORKING TOGETHER TO PREVENT SUICIDE IN CANADA

THE 2016 PROGRESS REPORT ON THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION

December 2016



Government
of Canada

Gouvernement
du Canada

Canada

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MINISTER'S MESSAGE

Suicide is a tragedy that affects everyone. On average, more than ten people die by suicide every day in Canada, and for every death by suicide, there are many more suicide attempts. The impact on family, friends, colleagues and communities is profound.



THE HONOURABLE JANE PHILPOTT
Minister of Health

As Minister of Health and as a physician, I know how important it is to shed light on suicide as a public health matter. Every suicide loss is one loss too many.

The Government of Canada has made supporting mental health and preventing suicide a government-wide priority. Over the past year, I have met with provincial and territorial ministers of health to work on immediate priorities for a new health accord, including improving access to mental health services. I have worked with Indigenous leadership to improve the mental wellness of Indigenous Peoples and bring hope to communities. I am also working with my colleagues to strengthen mental wellness programs and suicide prevention efforts for all Canadians, including Veterans, members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police, and newcomers to Canada.

The Government of Canada's approach to suicide prevention builds on the strategic objectives laid out in the *Federal Framework for Suicide Prevention*, following consultations with federal, provincial and territorial governments, non-governmental organizations, national Indigenous organizations, subject matter experts and Canadians who offered their experience, knowledge and expertise, as well as their personal stories related to suicide and its prevention.

I am pleased to present the *2016 Progress Report on the Federal Framework for Suicide Prevention*, which communicates the Government of Canada's actions on suicide prevention over the last year. With our stakeholders

and partners, we are working to raise public awareness and reduce the stigma associated with suicide. We are continuing to build partnerships and initiatives that better connect Canadians with information and support that help to prevent suicide. And we are ensuring our efforts are grounded in the best available evidence on suicide prevention.

By taking action, we can all contribute to the prevention of suicide in Canada. I encourage you to be a part of the solution—everyone has a role to play. Working together, we will inspire hope, build resilience, and foster supportive, compassionate communities to help prevent suicide.




EXECUTIVE SUMMARY

The Government of Canada developed *the Federal Framework for Suicide Prevention* (the Framework) in accordance with *An Act respecting a Federal Framework for Suicide Prevention* (the Act) which came into force in December 2012.

The Framework aims to align federal activities in suicide prevention, while complementing the important work underway by stakeholders across Canada, including provincial, territorial and municipal governments, Indigenous organizations, non-governmental organizations and communities, and the private sector. It sets out the Government of Canada's strategic objectives,

guiding principles and commitments in suicide prevention. It focuses on better connections among people, information and resources, as well as research and innovation in order to raise awareness, reduce stigma and prevent suicide.

In accordance with the Act, this report to Canadians describes activities and progress related to the Framework. It highlights a number of the federal initiatives undertaken from November 2015 to November 2016 that directly address suicide and its prevention in Canada. In addition, this document serves as a follow-up to the *Overview of Federal Initiatives in Suicide Prevention*, which was published in February 2016, and provides a



more comprehensive look at ongoing federal suicide prevention initiatives.

This report covers the six areas of federal responsibility outlined in the Act and is organized according to the three strategic objectives of the Framework.

As this report describes, the Government of Canada is taking action to **reduce stigma and raise public awareness and knowledge of suicide** through a number of actions including the development of tools and resources for safe messaging in public communications about suicide. It is also developing programs for the Veteran community to support mental wellness through a Veteran-specific Mental Health First Aid Program, an online Caregiver Training Program and continued expansion of operational stress injury clinics. The Government of Canada is also working to improve workplace well-being for federal employees.

Through a number of endeavours we are **connecting Canadians, information and resources on the subject of suicide and suicide prevention**. These include the establishment of the First Nations and Inuit Hope for Wellness Help Line in October 2016, support for the development of a national suicide prevention service, funding the development and implementation of the Inuit Tapiriit Kanatami National Inuit Suicide Prevention Strategy, supporting knowledge development and exchange in Indigenous youth suicide prevention, developing First Nations service delivery models and adapting Mental Health First Aid for First Nations and Inuit. The Government of Canada also continues to share information and data with Canadians on Canada.ca, make suicide-related data on the Canadian military publicly available; create tools and supports for Veteran communities, connect refugees to mental health resources, and provide tools and supports for federally incarcerated individuals.

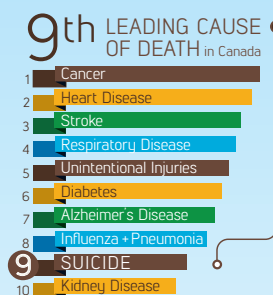
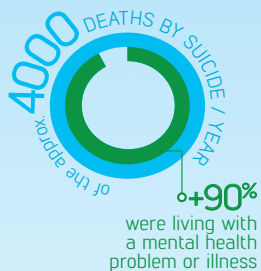


Finally, **we are accelerating the use of research and innovation in suicide prevention** by strengthening surveillance data on suicide, supporting research innovation in Indigenous communities, establishing shared research priorities among experts and stakeholders on suicide and suicide prevention, and engaging with experts and researchers to exchange suicide prevention evidence.

The Government of Canada will continue to prioritize efforts to achieve the vision of a Canada where suicide is prevented and everyone lives with hope and resilience. This will require collective effort and sustained action to address the complex risk factors and environments that can lead to suicide and suicide-related behaviours, as well as building the supportive factors and environments that can support mental health and resiliency.

SUICIDE in Canada

CURRENT CONTEXT



ACROSS THE LIFE SPAN

CHILDREN AND YOUTH (10 to 19 years)

- Suicide 2nd leading cause of death
- Males account for 41% of 10-14 year old suicides, increasing to 70% of 15-19 year olds
- Self-harm hospitalizations 72% females

YOUNG ADULTS (20 to 29 years)

- Suicide 2nd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations 58% females

ADULTS (30 to 44 years)

- Suicide 3rd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations 56% females

ADULTS (45 to 64 years)

- Suicide 7th leading cause of death
- Males account for 73% of suicides
- Highest suicide rate across lifespan observed among males 45 to 59 years
- Self-harm hospitalizations 56% females

SENIORS (65+ years)

- Suicide 12th leading cause of death
- Males account for 80% of suicides
- Males aged 85+ experience the highest rate of suicides among seniors
- Self-harm hospitalizations 52% females

FOR EVERY 1 SUICIDE DEATH

THERE ARE:

5 SELF-INFLICTED INJURY HOSPITALIZATIONS

25-30 ATTEMPTS

7-10 PEOPLE PROFOUNDLY AFFECTED BY SUICIDE LOSS

Public Health Agency of Canada analysis of Statistics Canada Vital Statistics Death Database and Canadian Institute for Health Information Hospital Morbidity Database. Published data underestimate the total number of deaths by suicide, due, in part, to the stigma of suicide and other factors that may lead family members, health professionals, coroners, and others to avoid labeling or reporting deaths as suicides.



THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION: 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)		
» Provide guidelines to improve public awareness and knowledge of suicide.	» Disseminate information about suicide and its prevention. » Make existing statistics about suicide and related risk factors publicly available. » Promote collaboration and knowledge exchange across domains, sectors, regions and jurisdictions.	» Define best practices for suicide prevention. » Promote the use of research and evidence-based practices for suicide prevention.
GUIDING PRINCIPLES		
» 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>		



REDUCING STIGMA AND RAISING PUBLIC AWARENESS

Many Canadians are affected by suicide. However, public perception, including the stigma associated with suicide-related thoughts and behaviours can be a significant barrier to people accessing the help they need. Raising public awareness about the importance of mental health and the prevalence and impact of suicide behaviours, in a way that encourages hope, resilience and recovery, can play a vital role in reducing stigma. Programs and initiatives that raise awareness can empower people to seek help and provide support to others in need. It can change attitudes, perceptions and behaviours—in all of us.

The Government of Canada is working to reduce stigma and raise public awareness and knowledge of suicide by:

Developing Tools and Resources for Safe Messaging in Public Communications to Reduce Stigma, Prevent Harm and Encourage Dialogue

Inappropriate messaging may have the negative and unintended consequences of normalizing, simplifying, glorifying or shaming suicide. It can also discourage people from feeling they can reach out for help or offer support when it may be needed the most, especially when grieving and coping with

the loss of a loved one or a suicide attempt. Communicating safely about suicide thus requires care, consideration and compassion to ensure people feel safe and respected.

The Public Health Agency of Canada is working to develop safe messaging to support Canadians in talking about suicide and its prevention and to offer or seek support when needed. Already, amendments have been made to the Criminal Code of Canada, which replaced the stigmatizing wording 'commit suicide' with 'die by suicide' in sections that pertain to suicide and medically assisted dying. This was done to reinforce the fact that suicide is not a crime.

The Public Health Agency of Canada is also working with the Université du Québec à Montréal to conduct research on safe messaging practices in the area of suicide prevention. This research will result in a suite of tools and resources to help Canadians talk more openly and responsibly about suicide in different settings and situations. The Public Health Agency of Canada is also developing a guide for standard terminology to be adopted by federal departments to avoid stigmatizing language when referring to suicide in all federal communications.

Creating Toolkits for Survivors of Suicide Loss and Postvention Professionals

The federally funded Mental Health Commission of Canada informs policy development on suicide prevention by participating in various advisory committees that include representatives from federal, provincial and territorial governments and non-governmental organizations. It also works with its partners to increase dialogue about what is working in suicide prevention by facilitating knowledge-sharing about best practices and developing resources that support community-level suicide prevention activities.

The Mental Health Commission of Canada has developed a **Toolkit for Survivors of Suicide Loss and Postvention Professionals** and is working with partners to develop and promote other survivor tools, resources and training.

Providing Programs to the Veteran Community to Support Mental Wellness

The risk of suicide in male Canadian Armed Forces Veterans who enrolled in the Canadian Armed Forces between 1972 and 2006 was one and a half times higher than their counterparts in the general Canadian population. Veterans

released since 1998 have a higher prevalence of mood and anxiety disorders than the general Canadian population.

In an effort to improve mental well-being, Veterans Affairs Canada has established a partnership with the Mental Health Commission of Canada to develop the Veteran-specific Mental Health First Aid Program. It will be delivered over the next five years and will reach up to 3,000 people in the Veteran community. This program will help Veterans, their families and caregivers recognize symptoms of mental health problems, offer support and guide those in need to appropriate professional help.

A partnership between Veterans Affairs Canada and Saint Elizabeth Health Care has recently been established to design, develop, and deliver, in the summer of 2017, an online Caregiver Training Program to support informal caregivers of Veterans with operational stress injuries. Veterans Affairs Canada will also be funding the continued expansion of its **Network of Operational Stress Injury Clinics**. To date, the network consists of 11 operational stress injury clinics across the country as well as satellite clinics.



Improving Workplace Well-being for Federal Employees

In Fall 2016, the Government of Canada adopted the **Federal Public Service Workplace Mental Health Strategy**. This strategy focuses on changing workplace culture to be more respectful toward mental health issues, build capacity through the creation of tools and resources for employees, and measure and report on actions. In addition, as highlighted in the **Twenty-Third Annual Report to the Prime Minister on the Public Service of Canada**, for the first time, between 2015 and 2016, all deputy ministers and executives in the Public Service are required to take action on the priority of mental health in the workplace as part of their performance agreements.

To this end, the Department of National Defence is working to strengthen its focus on workplace well-being and mental health. The department has developed *Mental Health in the Workplace*

online training to promote greater awareness of issues related to mental health for managers and employees. It is also currently developing a *Total Health Strategy* that takes a holistic approach to a healthy and respectful workplace. A review and adaptation are also underway on the *National Standard on Psychological Health and Safety in the Workplace*, which is a detailed framework for assessing, monitoring and addressing relevant workplace factors that contribute to mental distress in the workplace.



The Canadian Armed Forces has continued to develop the Road to Mental Readiness Program which aims to promote mental health, reduce the stigma of mental illness, and provide resiliency training to employees. One new module, designed for Military Police, includes a component on policing people in crisis, including appropriate interventions in responding to individuals exhibiting suicide-related behaviours. The

Canadian Armed Forces has also implemented the Sentinel program, which is a unit level peer support program. Trained peers help identify comrades who may be experiencing psychological difficulties, suggest appropriate resources, and encourage early help-seeking.

Guided by its **Mental Health Strategy** (2014–2019), the Royal Canadian Mounted Police is working to enhance the health and safety of its employees and is also in the process of rolling out the Road to Mental Readiness Program. In September 2016, the Royal Canadian Mounted Police launched a *Suicide Prevention and Awareness* webpage for its employees, which includes information about warning signs and common misconceptions, a list of suicide prevention resources and a link to a Suicide Prevention Primer Toolkit.

The Royal Canadian Mounted Police has implemented a significant number of programs involving the general public and targeting youth, which contribute to suicide prevention, including **Bullying and Cyberbullying**, **BullyText**, **RCMPTalks**, and the **National Youth Advisory Committee**.



CONNECTING CANADIANS, INFORMATION AND RESOURCES

The issue of suicide is complex. As such, addressing suicide requires a comprehensive approach involving effective knowledge-sharing and collaboration across jurisdictions, sectors, regions, and organizations involved in suicide prevention. The Framework highlighted the need for a centralized, credible source of data, information and resources about suicide because these are often fragmented, complex, and difficult to access, particularly for vulnerable populations. The Government of Canada aims to bridge the gaps in fragmentation of approaches

and resources by aligning existing efforts to enhance collaboration and integration.

Over the past year, the Government of Canada has worked to connect Canadians, information and resources on the subject of suicide and suicide prevention by:

Establishing the First Nations and Inuit Hope for Wellness Help Line

The national toll-free **First Nations and Inuit Hope for Wellness Help Line** became operational in October 2016.

Funded by Health Canada, it provides immediate, culturally competent, telephone crisis intervention support for First Nations and Inuit, 24 hours a day, seven days a week. The line is being funded as part of the investment of \$69 million over three years announced by the Government of Canada in June 2016 to support crisis response teams, mental wellness teams, increased access to culturally competent mental health care services, and support for Inuit specific approaches to mental wellness and suicide prevention.

Supporting the Development of a National Suicide Prevention Service

The Public Health Agency of Canada is investing \$2 million over five years to support the Canadian Distress Line Network to develop a national suicide prevention service, in collaboration with Rogers Communications. This network will link regionally and locally delivered distress line services across Canada, offering individuals access to toll-free, confidential support, 24 hours a day, seven days a week, through phone, text and chat technologies. It will

ensure that Canadians of all ages and backgrounds can access the help they need, when they need it, with technology that works for them. Initial testing began in November 2016, in Ontario, Alberta and British Columbia. This service will use best practices in suicide crisis intervention and culturally sensitive training to ensure a culturally appropriate and equitable service delivery when responding to the needs of various at-risk populations, Indigenous populations and ethno-cultural communities.

Supporting the National Inuit Suicide Prevention Strategy

The Inuit Tapiriit Kanatami released their **National Inuit Suicide Prevention Strategy** in July 2016, which sets out a series of actions and interventions to address the high number of deaths by suicide among Inuit. The Strategy promotes a shared understanding of the context and underlying risk factors for suicide in Inuit communities and guides policy at the regional and national levels on evidence-based approaches to suicide prevention.

Health Canada provided funding to support the development of this strategy and is committing \$9 million to support its implementation as part of the overall investment of \$69 million over three years that will address the immediate mental wellness needs of First Nations and Inuit. This funding includes dedicated resources for enhancing mental health services; providing support and training resources for early childhood development programs; supporting a fund for Inuit-led suicide prevention projects, programs, and initiatives administered jointly by the Inuit Tapiriit Kanatami and Health Canada; and supporting Inuit-led coordination, outreach, and education for suicide prevention.

Supporting Knowledge Development and Exchange in Indigenous Youth Suicide Prevention

In June 2016, the Minister of Health held a youth roundtable on life promotion and suicide prevention with the Assembly of First Nations National Youth Council. The roundtable resulted in a set of Calls

to Action on life promotion which was presented at the July 2016 Assembly of First Nations Youth Summit. The Minister of Health subsequently met with the Assembly of First Nations National Youth Council on December 5, 2016. A similar engagement process is being planned with the National Inuit Youth Council.

Through the **National Aboriginal Youth Suicide Prevention Strategy**, Health Canada is supporting the University of Victoria to update the 2003 resource *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. An advisory group made up of leaders in Indigenous mental health as well as national Indigenous organizations and Indigenous youth is guiding a process which will gather and disseminate “wise practices” in community-based First Nations suicide prevention and life promotion initiatives.



Supporting the Development of First Nations Service Delivery Models

In collaboration with the First Nations Mental Wellness Continuum Implementation Team, Health Canada is supporting First Nations partners in the development of First Nations service delivery models, including crisis response and prevention as well as land-based healing and wellness programs, which strengthen relationships to the land and traditional culture. These service delivery models will draw upon promising community practices, to facilitate their integration into existing mental wellness programming in other communities.

Supporting the Adaptation of Mental Health First Aid for First Nations and Inuit

Health Canada provided funding to the Mental Health Commission of Canada to adapt the Mental Health First Aid training for First Nations and Inuit communities. These culturally relevant courses are designed to increase awareness of the signs and symptoms impacting mental wellness, increase awareness and encourage meaningful discussions about mental wellness, increase

confidence and skills to help those dealing with mental wellness concerns, and decrease stigma about mental health and wellness.

Sharing Information and Data with Canadians

In 2016, new federal **suicide prevention web pages** were launched on Canada.ca. They feature up-to-date information about suicide and its prevention, risk and protective factors, mental health, where to get help, resources for Canadians and professionals and links to additional information. These include:

- ***Overview of Federal Activities in Suicide Prevention***;
- ***Federal Framework for Suicide Prevention***;
- ***Suicide in Canada Visual Fact Sheet***—provides an overview of current data on suicide, by age and sex across the lifespan, and data on hospitalizations for self-inflicted injury;
- ***A World Suicide Prevention Day Data Blog***—a webpage which presents data highlighting the critical nature of suicide in Canada for the 2016 World Suicide Prevention Day.

In addition, the Public Health Agency of Canada has published articles on the surveillance of suicide including:

- ***Suicide in Canada: is poisoning misclassification an issue?***
- ***Suicide and self-inflicted injury hospitalizations in Canada (1979 to 2014/15)***

Statistics Canada continues to collect data, provide research and analysis and publicly report on suicide and mental health. Data disseminated to the public include **annual data on suicide and suicide rates**. In November 2016, Statistics Canada released a report looking at the association between Generalized Anxiety Disorder and suicide ideation:

- ***Threshold and subthreshold Generalized Anxiety Disorder (GAD) and suicide ideation***

In 2016, Statistics Canada released a number of publications that focused on thoughts of suicide among off-reserve First Nations, Métis and Inuit adults. These studies can be found via the following links:

- ***Past-year suicidal thoughts among off-reserve First Nations, Métis and Inuit adults aged***

18 to 25: Prevalence and associated characteristics

- ***Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics***
- ***Acute care hospitalization by Aboriginal identity in Canada, 2006 through 2008***



Making Suicide-Related Data on the Canadian Military Publicly Available

Prior to 2010, the suicide rate among the male members of the Canadian Armed Forces was no higher than the general Canadian population, when standardized for age and sex. However, over the past five years, the overall suicide rate has slightly increased. The increase is related to suicide rates among young men serving within the Army command (as opposed to other units) and having worked in the combat arms occupations. This group was

more likely to have been exposed to psychological trauma, especially related to the combat operations in Afghanistan.

The Department of National Defence and the Canadian Armed Forces continue to release important data and findings related to suicide in military personnel, including the annual release of the *Report on*

Suicide Mortality in the Canadian Armed Forces. The **2015 Report** and **2016 Report** provide information and statistical analysis of suicides in the Canadian Armed Forces up to December 2014. In 2016, several journal articles were published based on analysis of 2013 data (refer to text box for key findings).

Key Findings from the 2013 Canadian Forces Mental Health Survey

Several important journal articles were published in 2016 based on analysis of the *2013 Canadian Forces Mental Health Survey data*:

- *The first was published in March 2016: **Association of Child Abuse Exposure with Suicidal Ideation, Suicide Plans and Suicide Attempts in Military Personnel and the General Population in Canada*** (Afifi et al. in the Journal of the American Medical Association Psychiatry.) It found that child abuse exposure was more prevalent among Canadian Armed Forces personnel than the general population. In addition, child abuse exposure was associated with an increased risk of suicide ideation, suicide plans and suicide attempts—a stronger association than trauma related to deployment.
- In April 2016, a special supplement appeared in the Canadian Journal of Psychiatry entitled **Key Findings from the 2013 Canadian Forces Mental Health Survey**. It reported that military personnel had significantly higher rates of depression, generalized anxiety disorder and suicide ideation than the general Canadian population.
- In May 2016, Sareen et al. published an article in the Canadian Medical Association Journal entitled: **Trends in suicidal behaviour and use of mental health services in Canadian military and civilian populations**. It noted that Canadian Armed Forces personnel were more likely to experience thoughts of suicide, make suicide plans and access mental health services than members of the general public.

Creating Tools and Supports for Veteran Communities

Veterans Affairs Canada has partnered with Canadian Forces Morale and Welfare Services, and the Royal Ottawa Mental Health Care Group to develop the *Operational Stress Injury Resource for Caregivers*, an online, educational, self-directed resource designed for caregivers and families of Canadian Armed Forces members or Veterans living with an operational stress injury. Veterans Affairs Canada has also collaborated with the Centre for Addiction and Mental Health to develop *Veterans and Mental Health*, an online tutorial designed for anyone wanting to learn about service-related Veteran mental health issues and how to support a loved one with a service-related mental illness.

In addition, Veterans Affairs Canada is providing funding to the Mood Disorders Society of Canada to provide skills development training and support services to unemployed Veterans with a mental health condition to assist them in establishing a new career.



Connecting Refugees to Mental Health Resources

Immigration, Refugees and Citizenship Canada's Settlement Program plays a role in fostering social connections, community involvement and reducing social isolation for newcomers, a significant risk factor for suicide. Some service providing organizations supported through the Settlement Program deliver health and mental health-related activities and provide community-based health information provisions that promote mental health awareness and access to health care services. This includes supporting and delivering on the Government of Canada commitment to resettle Syrian refugees.

Immigration, Refugees and Citizenship Canada recognizes that prolonged exposure to stress and trauma for many refugees will require additional settlement-

related mental health promotion and supports. This has resulted in enhancements of settlement-related mental health projects already in place to respond to the needs of Syrian refugee families, including holistic programming to assist families to address barriers related to mental health, trauma, cultural adaptation and isolation. Interventions also aim to enhance capacity building through the training of settlement workers so that they are able to identify mental health issues early and make the appropriate referrals in the community.



Providing Tools and Supports for Federally Incarcerated Individuals

Through its Mental Health Strategy, and consistent with the principles outlined in the federal-provincial-territorial ***Mental Health Strategy for Corrections in Canada***, the Correctional Service of Canada continues to apply an interdisciplinary approach to managing suicide-related behaviours for federally incarcerated individuals. The Correctional Service of Canada delivers suicide awareness and prevention workshops and peer support programs for federally incarcerated individuals. It also provides ongoing guidance and training to correctional staff for the appropriate care and custody of incarcerated persons experiencing mental health concerns, including suicide-related behaviours.



ACCELERATING THE USE OF RESEARCH AND INNOVATION IN SUICIDE PREVENTION

Effective suicide prevention depends on applying evidence from research, surveillance and evaluation of policy, as well as learnings from community outreach, mental health services, and family and community supports. Improved connections between researchers and research users, as well as access to plain language summaries of existing evidence, will facilitate the use of research findings. Public health surveillance (i.e. the regular, systematic collection,

analysis and dissemination of suicide-related surveillance data) provides the basis of evidence needed to define the scope of the problem in Canada, track changes in suicide rates, better understand risk and protective factors, inform policies and programs, and evaluate prevention efforts.

Through the Canadian Institutes of Health Research, the Government of Canada supports and partners in mental health and addictions research, including suicide

prevention and post-traumatic stress disorder, to inform mental wellness initiatives for Canadians. Since 2000, more than \$47 million has been invested in research related to suicide, and collaboration with provinces, territories and the Graham Boeckh Foundation serve to support research to address adolescent and youth mental health and well-being.

While there is a wide variety of suicide-related research being conducted across Canada, knowledge gaps remain, such as research on factors that protect against suicide across the lifespan, improved access to timely data, and research related to specific populations, including Indigenous peoples. In addition, more analysis of the lived experience of suicide is needed so that programs and initiatives can engage effectively and safely with those needing help. There is also a need to better understand research at the national and regional levels and to convene researchers and stakeholder groups to bring coherence to national research priorities that will meet the needs of communities, frontline providers and decision makers as well as to facilitate knowledge uptake, particularly among populations that have higher rates of suicide.


Since November 2015, the Government of Canada has enhanced the use of research and innovation by:

Strengthening Surveillance Data on Suicide

The Public Health Agency of Canada is enhancing accuracy and completeness of suicide mortality and self-harm data by exploring near real-time reporting on suicide ideations and risk behaviours through analyses of novel data sources.

The Public Health Agency of Canada is also coordinating surveillance reporting across federal government departments through an Interdepartmental Working Group on Suicide-Related Surveillance. This group is examining how existing suicide-related data can be consolidated, strengthened and shared publicly.

Recent activities of the Canadian Depression Research and Intervention Network include research, education and advocacy in depression with a focus on suicide and working on improved suicide surveillance across Indigenous populations to support the identification of at-risk Indigenous populations as well as to improve prevention strategies.



The Network is a national patient-focused network of depression researchers, created through a \$5.2 million contribution to the Mood Disorders Society of Canada from Health Canada in 2012.

Veterans Affairs Canada has created a new suicide indicator in its client records, allowing for improved documentation and access to data on suicide, attempted suicide, and suicide ideation. Veterans Affairs Canada and the Department of National Defence are also collaborating with Statistics Canada to conduct a data linkage study to determine suicide rates among Canadian Veterans. The findings are expected by December 2017, and will be followed by annual updates.

Supporting Research Innovation in Indigenous Communities

Between November 2015 and October 2016, the Canadian Institutes of Health Research committed funding for five new research projects related to Indigenous suicide prevention under the **Pathways to Health Equity for Aboriginal Peoples**

initiative. These projects, which represent a total investment of \$2.76 million over 3 years, will further contribute to the development of the evidence base on how to design, offer and implement programs and policies that prevent suicide and promote health and wellness for Indigenous peoples.

Establishing Shared Research Priorities on Suicide and Suicide Prevention

In partnership with the Mental Health Commission of Canada, the Public Health Agency of Canada launched a project in 2016 to identify suicide prevention research priorities for Canada. An initial meeting with stakeholders was hosted in June 2015 to discuss the current state of research evidence and areas needing additional investigation. Several preliminary workshops were held with experts and stakeholders in 2016 and an advisory committee is being established, which will include representatives with lived experience, including survivors of suicide attempt and survivors of suicide loss.

Engaging with Experts and Researchers to Exchange Suicide Prevention Evidence

On September 22, 2016, the Canadian Institutes of Health Research, in collaboration with the Public Health Agency of Canada, the Mental Health Commission of Canada, and the Movember's Men's Depression and Suicide Network, organized a **"Best Brains Exchange" meeting on "Masculinity and Male Suicide Prevention."** This event allowed for the sharing of evidence on male suicide prevention and provided decision-makers, researchers, and those impacted by men's suicide with opportunities to engage in discussions to quickly drive forward action-oriented solutions. It is expected that the results of this exchange will help inform future activities towards supporting community-based male suicide prevention activities.

Expert advice was also sought to improve suicide prevention programming for the Canadian Armed Forces. In fall 2016, the Canadian Armed Forces organized a panel of mental health experts to review the Canadian Armed Forces suicide prevention program and provide advice on areas for further improvement. The panel report is expected in March 2017.

The Public Health Agency of Canada launched a webinar series, Advancing Community Suicide Prevention, with the U.S. Substance Abuse and Mental Health Services Administration and the Mental Health Commission of Canada to disseminate international, best-existing evidence on approaches to community suicide prevention to key stakeholders. The first webinar took place on September 30, 2016 and is available **online**.



LOOKING FORWARD

This first report highlights many of the federal programs and activities undertaken in the last year to address suicide in Canada. Guided by the ***Federal Framework for Suicide Prevention***, the Government of Canada will continue to prioritize efforts to address this important issue across federal departments, as well as with stakeholders across sectors. We must continue to examine and address the complex risk factors and environments that can lead to suicide and suicide-related behaviours, as well as the supportive factors and environments that can support mental health and resiliency.

Among the many projects and activities currently being planned for the coming year and beyond is Public Safety Canada's commitment to work with other federal government departments and agencies, provinces and territories, and stakeholders to develop a coordinated national action plan to address post-traumatic stress injuries in public safety officers.

The Public Health Agency of Canada will continue to work toward the official launch of the national suicide prevention service which will offer a 24/7 regionally delivered distress line across Canada to provide toll-free, confidential support to individuals using phone, text and chat.

In addition, Veterans Affairs Canada and the Department of National Defence are developing a joint suicide prevention strategy for Canadian Armed Forces personnel and Veterans. This will help guide supportive actions for these populations using the available evidence base and best practices. Furthermore, Veterans Affairs Canada and the Department of National Defence will continue to collaborate with Statistics Canada to release the latest iteration of the *Life After Service Studies* in 2017. These nationally representative population surveys include measures of suicide ideation and attempts.

The Government of Canada will report back to Canadians regularly, as we continue on our mission to prevent suicide in Canada, through partnership, collaboration and innovation while respecting the diversity of cultures and communities that are touched by this issue.

Suicide is a tragedy, affecting the mental health of individuals, families and communities across Canada. There is hope in our communities. If you or someone you know needs support please reach out for **help**.