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**Subject:** Increasing Capacity for Suicide Prevention Efforts in Niagara

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, April 16, 2019

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## Recommendations

1. That Regional Council **APPROVE** the creation of 2 full time equivalent positions in Public Health & Emergency Services to support mental health resiliency and community capacity-building, with these positions having a dedicated focus on addressing the burden of suicide in Niagara for 2 years.
2. That the ongoing operating budget requirements for this initiative **BE REFERRED** for consideration as part of the 2020 budget process.

## Key Facts

- Suicide is complex with many contributors. The best scientific evidence and expertise indicates that suicide can be prevented only through a comprehensive, multi-pronged approach.
- In January 2019, in addition to approving a means prevention initiative at one location with several deaths by suicide, Council directed staff to develop a broader proposal for suicide prevention, with that proposal to consider identification/intervention training, suicide risk assessment capacity-building, and a Mental Health Hub/Clubhouse in St. Catharines
- Niagara has an existing Suicide Prevention Coalition (NSPC) consisting of community partners and service agencies. This group does not have sustainable funding but has done foundational work towards community prevention.
- Through use of a comprehensive suicide prevention framework, current activities by the NSPC, Niagara Region, and others were examined and a gap analysis performed identifying initiatives that would have the most impact on reducing deaths by suicide. These initiatives are recommended for implementation.
- These initiatives require 2 FTEs and associated training at a cost totaling \$399,215 over two years to implement and will significantly enhance the community's capacity for a suicide safer Niagara.
- A funding application was submitted to the province for this request. If the application is not approved, staff will attempt to fund the 2019 operating budget impact of \$111,000 from any operating surplus that may arise in other areas of the department.

## Financial Considerations

There is very little funding in Niagara dedicated to suicide prevention.

The Chronic Disease and Injury Prevention division allocates 0.5 FTE specifically to suicide prevention work. This health promoter provides Mental Health First Aid training and suicide prevention training (safeTALK), and represents Public Health & Emergency Services (NRPH & ES) on the Niagara Suicide Prevention Coalition (NSPC).

To dedicate focus on suicide prevention, it is recommended that 2.0 full-time FTEs for 2 years to implement suicide intervention training and a community forum at a total cost of \$399,215.

*Table 1. Proposed Budget Implications for Suicide Prevention*

2 FTEs (over two years) <ul style="list-style-type: none"> <li>- Health promoter</li> <li>- Training specialist</li> </ul>	\$348,844
1000 individuals SafeTALK trained over two years <ul style="list-style-type: none"> <li>- Staff certification (to become facilitators)</li> <li>- Manuals</li> <li>- Venue and administrative costs</li> <li>- Five train the trainers within organizations outside of NRPH &amp; ES</li> </ul>	\$14,246
200 individuals Applied Suicide Intervention Skills Training (ASIST) trained over two years <ul style="list-style-type: none"> <li>- Staff certification (to become facilitators)</li> <li>- Manuals</li> <li>- Facilitator costs</li> <li>- Venue and administrative costs</li> <li>- Reimbursement of Distress Centre for additional facilitators</li> </ul>	\$30,528
Suicide Risk Assessment forum	\$5,597
<b>Total</b>	<b>\$399,215</b>

After these two years, ongoing work will continue to sustain community capacity and build mental health resiliency across Niagara, but with greater focus on the full gamut of mental health and addictions as well as in early child hood and youth.

The 2019 approved operating budget does not include any funds for this work. Through the Annual Service Plan and Budget Submission (*PHD 05-2019*), the Board of Health has applied for base funding from the Province to implement this initiative. We will not know until later in the calendar year whether this funding request is approved or not. Given the provincial government's emphasis on balancing the budget and restraining health sector spending, staff is unsure that any funding requests will be approved.

Nonetheless, given the community interest and local urgency to address deaths by suicide, staff is recommending that the initiative outlined in this report proceed. Should the Province not fund this request, staff will attempt to fund the 2019 estimated operating budget impact of \$111,000 from any operating surplus that may arise in other areas of the department. If it is determined during the remainder of 2019 that these costs cannot be offset by surpluses in other areas of the department, staff will return to Council with options including a budget amendment request in order to fund from Regional reserves, or to end the initiative until a sustainable funding source is identified through the 2020 budget process.

## Analysis

Self-harm is the second most common cause of injury-related death in Niagara (approximately 18% of all injury-related deaths). For each death by suicide, there are an estimated five self-inflicted injury hospitalizations, 25 to 30 suicide attempts and many more people impacted by any loss.<sup>1, 2</sup>

When someone dies, the attending physician or the coroner (depending on the type of death) will complete the death certificate. The information on the death certificate is compiled by Statistics Canada into the Vital Statistics dataset, however, there is significant lag to this process. Current data is available up to 2015.

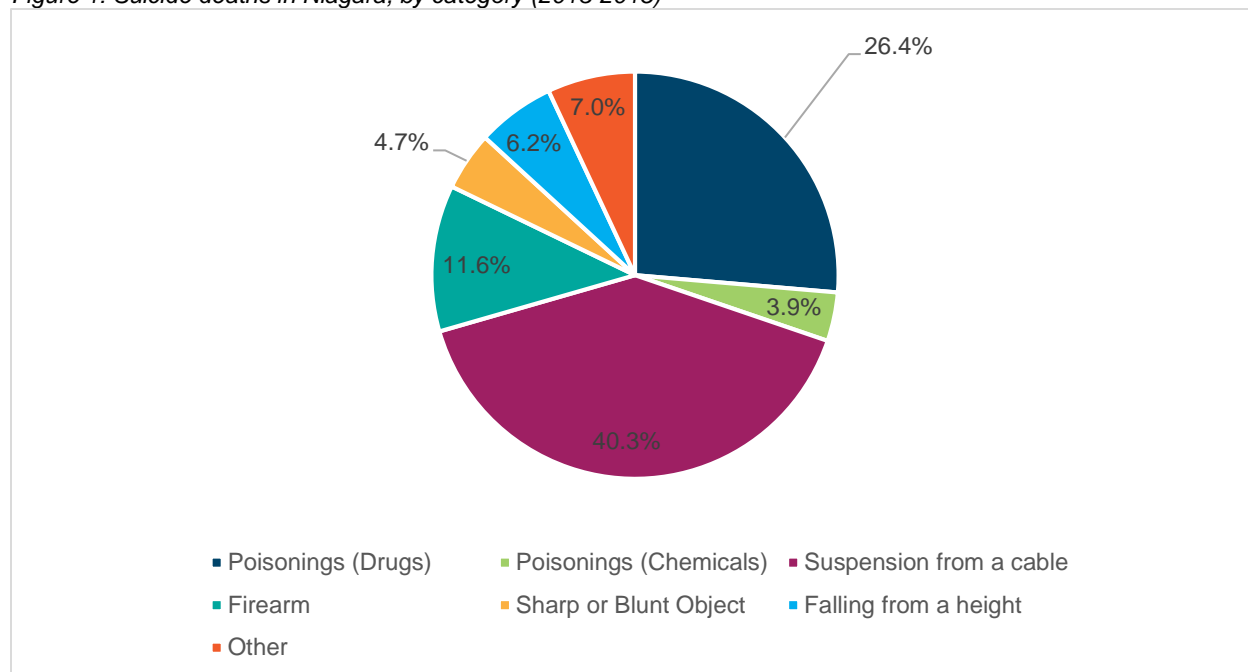
According to this data, between 2013 and 2015, there were 129 deaths by suicide in Niagara. Of these, the most common methods of suicide were suspension from a cable (40.3%) and poisoning by drugs (26.4%).

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<sup>1</sup> Public Health Agency of Canada (2015). *Suicide in Canada*. Retrieved from: <https://infobase.phac-aspc.gc.ca/datalab/doc/SuicidePrevention-Infographic-en.pdf>

<sup>2</sup> PHD-C 01-2019 Number of Persons Impacted by a Death by Suicide

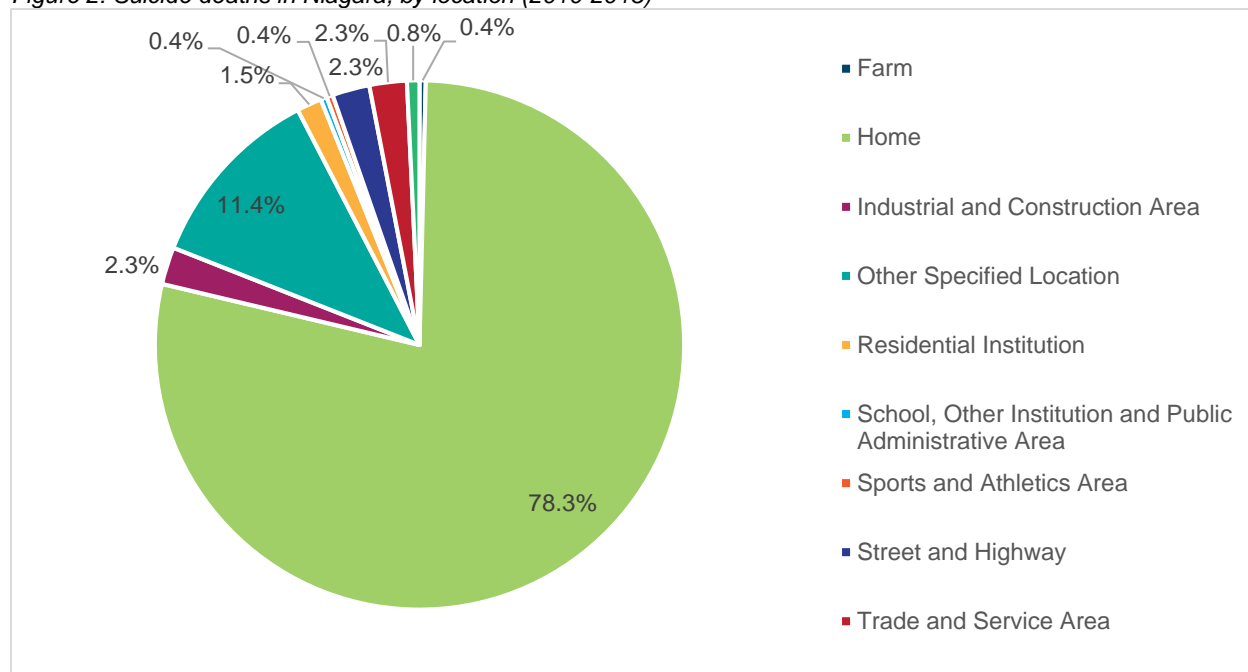
Figure 1: Suicide deaths in Niagara, by category (2013-2015)



Data Source: Vital Statistics, 2013-2015.

Approximately 78% of suicides in Niagara occur in the home (Figure 2. Excluding other private property (e.g. farms, industrial properties), at most, 14.8% of deaths occurred in public places.

Figure 2: Suicide deaths in Niagara, by location (2010-2015)



Data Source: Vital Statistics, 2010-2015.

Challenges exist in obtaining timely data due in part to the workload of the coroner, the reality that the coroner's files are for investigative purposes and not designed for easy and reliable data extraction, and the time needed to investigate a death. In discussion with the Regional Coroner, given that we do not have access to accurate, timely, local data, we plan to ask for data updates on an annual basis. This will balance our need to follow the data with the intensity of the work that the coroner's office must conduct in order to pull more recent or specific data for us, as was done for *PHD 03-2019 Preventing Deaths by Suicide on Public Infrastructure*.

## Framework to Prevent Suicide

We reviewed industry-specific, regional, national, and international frameworks, and found both that broad suicide prevention is very complex, and that in general, frameworks suggest a focus on prevention, intervention and postvention.

Put very simply, prevention is a group of activities such as increasing awareness, eliminating stigma, knowing what to do in the event that you or someone you know experiences thoughts or behaviours associated with suicide. Intervention is helping someone who is having thoughts of suicide. Postvention is helping someone heal after the experience of suicide thoughts, attempts or death; this is important as these individuals are at greater risk for suicide. Many activities cross two or more of these three broad areas.

After extensive review, we present a framework to prevent suicide. This framework is broader than the one presented in *PHD 03-2019* which focused on public infrastructure only. The framework here incorporates prevention, intervention and postvention. Several of the activities are underway and ongoing, while others (highlighted) are recommended for immediate undertaking.

Table 2. Framework to Prevent Suicide in Niagara

<b>Area of Suicide Prevention: Public Awareness</b>		
<b>Activity</b>	<b>Examples</b>	<b>Roles and Responsibility</b>
Media reporting guidelines	Engagement with media on reporting of deaths by suicide.	<b>ONGOING</b>  This is a focus of NSPC and was addressed by Council in one of the recommendations in <i>PHD 03-2019</i> . Several productive discussions have occurred with Niagara's media around current Canadian media guidelines for suicide reporting.
Awareness raising	Raise awareness about suicide and suicide-prevention strategies.	<b>ONGOING</b>  Local mental health and addictions service providers support anti-stigma and awareness events and campaigns (e.g. Distress Centre Niagara hosts an annual Suicide Awareness Walk). NRPH & ES will consult with NSPC around supporting the launch of a larger campaign with a goal of reducing stigma around mental health.
<b>Area of Suicide Prevention: Restricting &amp; Deterring Means</b>		
<b>Activity</b>	<b>Examples</b>	<b>Roles and Responsibility</b>
Barriers on public infrastructure	Barrier at locations with frequent deaths by suicide	<b>ONGOING</b>  Council has approved and budgeted for one barrier at a

		location with several recent deaths.
Gun control	In 1977, Canada restricted firearms. This decreased overall suicide rates and suicide by firearm rates <sup>3</sup>	Federal jurisdiction. There is little additional that can be done locally on this.
Reduced access to pharmaceuticals	Prescribing practices may have an impact, this area needs more study.	Federal and provincial jurisdiction regulate approval, access, and procurement of most pharmaceuticals. The health care sector is actively addressing opioid prescribing.
Other means restrictions	Examples from other jurisdictions include use of catalytic converters in motor vehicles, prison regulations to reduce death by hanging, and regulation of pesticides.	Hanging is the most common mean of suicide in Niagara, unfortunately it is not practical nor likely possible to restrict this mean.
Individual means restriction as follow-up to suicide risk assessment	Asking clients about means, and planning to restrict those means.	<b>ONGOING</b>  NRPH & ES is working on implementing a suicide risk assessment strategy with partners across the mental health, addictions, and primary care sectors.
<b>Area of Suicide Prevention: Increasing Opportunities for Help Seeking</b>		
<b>Activity</b>	<b>Examples</b>	<b>Roles and Responsibility</b>
Signs & phones	There is some evidence that signs and phones have a helpful impact. Signs have been installed at the recent infrastructure of interest and phones are being explored	<b>ONGOING</b>  Public Works is lead for this.

<sup>3</sup> Sarchiapone, M., Mandelli, L., Iosue, M., Andrisano, C., & Roy, A. (2011). Controlling access to suicide means. *International journal of environmental research and public health*, 8(12), 4550-62.

Crisis lines	Distress Centre is available 24/7 and Crisis Outreach and Support Team (COAST) provides supports (not a rapid response service)	<b>IN PLACE</b>  These agencies are members of NSPC
Walk in crisis counselling	Canadian Mental Health Association and Pathstone Mental Health have walk-in counselling services	<b>IN PLACE</b>  These agencies are members of NSPC
School-based programs	Mental health is a priority area for schools in Ontario and much is being done to address student needs. More high quality studies are needed to know the best interventions in schools.	<b>ONGOING</b>  DSBN and NCDSB mental health leads are part of the NSPC.
Staffed sanctuary	HUB or Clubhouse model in St. Catharines. This is a desire of the community.	NRPH & ES could offer to complete a situational assessment around the option of a HUB or Clubhouse model if additional capacity is created. The Oak Centre operates a Clubhouse in Welland.
<b>Area of Suicide Prevention: Increasing Probability of Intervention</b>		
<b>Activity</b>	<b>Examples</b>	<b>Roles and Responsibility</b>
Surveillance cameras	NRPS surveillance pilot at locations where suicide may occur.	<b>ONGOING</b>  NRPS is leading this work
Police patrols	Increase police patrols in locations where suicide may occur	<b>IN PLACE</b>  NRPS is the lead for this
Suicide awareness & intervention training	ASIST & safeTALK training to prepare the community to identify and intervene with those who may be having thoughts of suicide.	NRPH & ES in partnership with NSPC can expand trainings to be offered in the community. We could facilitate more certified trainers to sustain impact of training over time.



<b>Area of Suicide Prevention: Enhancing Capacity of the Mental Health System</b>		
<b>Activity</b>	<b>Examples</b>	<b>Roles and Responsibility</b>
Treatment of mental illness	Treatment such as cognitive behavioural therapies and/or pharmaceutical interventions for those with a mental illness	<b>ONGOING</b>  NRPH & ES and community partners are engaged in working with individuals with mental health and addictions issues.
Increasing suicide risk assessment	Build capacity among health care providers for using a common risk assessment	NRPH & ES will facilitate a community forum with a subject matter expert on suicide risk assessment for health service and primary care providers.
Mental health service coordination	Integration and coordination of mental health and addictions services to provide seamless care	<b>ONGOING</b>  NRPH & ES to support the Mental Health and Addictions (MHA) Project Manager over the next two years. This LHIN-funded position will be responsible for advancing the development of an integrated and coordinated mental health and addictions system in Niagara.

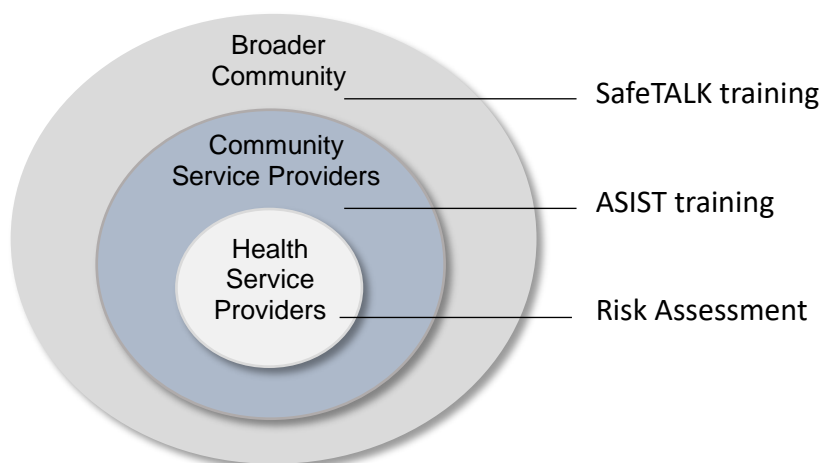
After reflecting on current activities and completing a gap analysis, several initiatives are recommended for implementation. To have a greater impact on suicide, we need to enable a more extensive community response. We are recommending that NRPH & ES support the NSPC to increase the availability of training and the number of qualified trainers for suicide awareness and intervention. We are also recommending that NRPH & ES facilitate capacity building among health care providers for suicide risk assessment, starting with a community forum facilitated by a subject matter expert. This identified work, taken together, will require the addition of a Health Promoter and a Training Specialist to current staff complement working on suicide prevention. This work will be done in partnership with the NSPC.

NSPC is an unfunded community group that was formed in 2003 in response to a cluster of deaths by suicide by identical means in the Niagara region attributed to intense suicide contagion. NSPC members include dozens of organizations, service providers and community-minded individuals from across Niagara that work together to

make Niagara a suicide-safer community. See Appendix A for a list of member organizations.

### Proposed Next Steps

If this proposal is approved, NRPH & ES, in collaboration with the NSPC, will facilitate various training and capacity building opportunities, including “train the trainer” sessions to enhance sustainability beyond the two years. Also if approved, the Health Promoter and the Training Specialist will also offer to conduct a situational assessment of the potential for a HUB or clubhouse in St. Catharines.



SafeTALK and ASIST are trainings that can make a community suicide safer by training individuals in a community who have face-to-face contact with other community members as part of their usual routine.

SafeTALK workshops are effective in teaching the practical skills necessary for actively evaluating and responding to individuals having thoughts of suicide. ASIST is an internationally recognized training for helping people gain the skills to recognize someone at risk of suicide, and to know how to intervene to support a person with thoughts of suicide.

A Suicide Risk Assessment Strategy has been developed by NRPH & ES's Mental Health program and is currently being implemented across all Mental Health's services. The Strategy has potential to be expanded across the professional community among health service and primary care providers. The goal is to build capacity for use of a common suicide risk assessment by all providers. Efforts will begin with a community forum facilitated by a subject matter expert on suicide risk assessment for health service and primary care providers.

The following is a sampling of the different groups targeted by the various training and capacity building strategies proposed:

*Table 3. Priority Groups for Training/Capacity Building*

	<b>SafeTALK</b>	<b>ASIST</b>	<b>Suicide Risk Assessment</b>
Public Works employees across municipalities	X		
Older adults	X		
People who work with the older adult population	X	X	
Family members of older adults	X		
Family members of clients accessing mental health services	X		
Media with additional support around best practice guidelines for safe reporting around suicide	X		
Health care providers across Niagara	X	X	X
Staff in the shelter system	X	X	
Adults that work with youth	X	X	
Primary care providers			X

## Alternatives Reviewed

Staff recommend a comprehensive approach to suicide prevention, and commensurate funding to enable that work.

The alternative, taking a single-pronged approach of means restriction at only one location, will end the very significant spike in deaths by suicide at that location (equivalent to 28% of deaths by suicide expected for October 2018 to March 2019), but not address the broader burden of deaths by suicide across Niagara. As well, a comprehensive approach is necessary to address the complex, multi-factorial causes of death by suicide.

If additional work to combat suicide is not funded, efforts will continue by both NRPH & ES and NSPC to address this issue with less potential. This status quo level of effort can be expected to yield the status quo outcomes, with minimal reduction in deaths by suicide community-wide.

## Other Pertinent Reports

[PHD 03-2019 – Preventing Deaths by Suicide on Public Infrastructure](#)  
[PHD 05-2019 – 2019 Public Health Annual Service Plan and Budget Submission](#)

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## **Appendices**

## Appendix 1

### **Niagara Suicide Prevention Coalition Membership**

#### **Our Mandate**

Niagara Suicide Prevention Coalition exists to bring interested community organizations, groups, individuals and volunteers together to make Niagara a suicide-safer community.

#### **Members include**

- Contact Niagara
- Canadian Mental Health Association
- Distress Centre Niagara
- Niagara Health
- Community Addiction Services of Niagara
- John Howard Society
- Family and Children Services of Niagara
- Kristen French Child Advocacy Centre of Niagara
- District School Board of Niagara
- Niagara Catholic District School Board
- Niagara College
- Brock University
- Bridges Community Health Centre
- Centre de Santé Communautaire Hamilton/Niagara
- Ontario Centre of Excellence for Child and Youth Mental Health Justice Niagara
- Bethany Community Church
- Wellness Opportunities
- Niagara Region Public Health