

# Identifying Gaps in Suicide Prevention, Intervention, and Support Services in the Greater Hamilton Area

Prepared for  
Erich's Cupboard  
Path Employment

In  
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# Executive Summary

## Research Question

- What services for suicide support, including suicide prevention, intervention and postvention, exist in the Hamilton area?
- Secondary research questions include:
  - What service gaps exist amongst suicide support services in the Hamilton area?
  - How might these service gaps be addressed?

## Why this issue is of importance

- Suicide is one the top ten leading causes of death, with rates increasing over the past sixty years. Every death by suicide leaves seven to ten individuals in bereavement (“Canadian Association for Suicide Prevention,” 2019).
- Providing suicide support is challenging given the presence of overlapping issues at the individual, interpersonal, community and societal levels. Providing coordinated support to a given community is dependent on collaboration with existing organizations.
- In Hamilton, discussions with the Suicide Prevention Council have prompted the need for a centralized service for suicide prevention, and there is recognition that current services are scattered and/or incomplete.
- Producing comprehensive research to help identify existing gaps present in Hamilton serves as the immediate step for the two organizations (Erich’s Cupboard and PATH) to offer a centralized service in the long-term.

## Scope

- An environmental scan was conducted to identify organizations that provide suicide support in Hamilton, Ontario. Additionally, interviews were facilitated with several suicide support organizations in order to learn more about possible service gaps. Finally, academic and grey literature was analyzed to determine best practices for suicide support strategies among non-profit organizations.

## Research Findings

- An environmental scan of local mental health organizations specific to suicide support using online searches of databases was performed.
  - Twenty suicide support organizations in the Greater Hamilton region were identified, with information pertaining to service type, intervention type, hours, target population and languages extracted for each organization.
  - 8 organizations were identified to provide services in the form of a general phone line/chat service; 2 organizations were found to provide these phone lines/chat services for at-risk groups (e.g. children, First Nations/Inuit); 1 organization was found to be categorized as an Emergency service providing 24/7 suicide intervention; and 9 organizations were deemed to provide in-person support.
  - The majority of organizations offered suicide prevention and/or intervention services, though only 3 were found to offer postvention and only in a limited capacity.
  - For organizations with in-person facilities, we have produced a map with labels to help demonstrate geographical spread; the majority of physical facilities are

centred around the Hamilton core, which eludes to the possibility of transportation being a limitation for individuals seeking help.

- Interviews with local mental health and suicide support organizations to complement the environmental scan was also performed.
  - The 7 interview participants were all involved in a working capacity with their organization and frequently in a leadership/administrative role.
  - Representatives identified funding and limited resources as the principal causes of services gaps within their suicide support organizations. Decreased core funding affected their ability to follow through on new ideas (as these were given lower priority), resulted in less capacity for support training, created strain on existing support lines and decreased the amount of initiatives centred around public education.
  - Other factors affecting gaps in suicide support services included: difficulty adjusting to text-based media for the new generation; need for more investment in early prevention and education; issues with leadership within organizations; and long waitlists for services.
  - Most participants stated that suicide prevention, intervention and postvention services are not well-connected in the Hamilton area. Some participants discussed the lack of awareness and lack of advertisement of currently available services, both small and large, to individuals and lack of proper education centering around suicide and suicide prevention for all agencies working in the social services.
  - A community-wide, coordinated approach to suicide support is one proposed means of addressing services gaps. Support from decision-makers (and those with policy power) was desired in a cross-sectional approach that embeds the government in various sectors. The rationale was that having policies in place would ensure that service providers continue to stay conscientious about their work.

### **Our recommendations moving forward**

- A brief literature review was performed to help with informing recommendations for future steps.
  - We would recommend considering the six-step process for effective community engagement laid out by the WHO (See Appendix A).
  - We would recommend hosting a 1-day dialogue with suicide support organizations and service users to further discuss the weaknesses of the existing system and opportunities for improvement. Vulnerable sector screen, and training for discussion facilitators should be performed and planned in advance.
  - Distribution or online publication of the short-list of suicide support organizations provided in this report through the Erich's Cupboard website is encouraged
  - Collaboration with groups that focus on at-risk and vulnerable people including minorities, youth and indigenous populations.
  - Devise strategies to further strengthen support for "high-risk" neighbourhoods in Hamilton, such as certain areas of Stoney Creek that do not have proximally located in-person facilities as in other regions.

# Introduction

**Overview:** This report was prepared by the McMaster Research Shop at the request of PATH Employment, an agency that provides employment support to individuals with disabilities, and Erich's Cupboard, a mental health and suicide support organization. The report focuses on identifying suicide prevention, intervention and postvention service gaps in Hamilton, Ontario.

According to the Canadian Association for Suicide Prevention "Suicide is one the top 10 leading causes of death, with rates increasing over the past 60 years." Every death by suicide leaves seven to ten individuals in bereavement ("Canadian Association for Suicide Prevention," 2019). Additional support is needed at the local level to assist individuals and families struggling with the impact of suicide.

**Research Question:** The primary research question this report seeks to answer is, "what services for suicide support, including suicide prevention, intervention and postvention, exist in the Hamilton area?"

Secondary research questions include:

- What gaps exist amongst suicide support services in the Hamilton area?
- How might those gaps be filled?

**Terms:** The following terms (Table 1) are relevant for understanding the report. These definitions were derived using a framework which defines the different stages of suicide ideation to action (Klonsky, & May, 2015).

Suicide Prevention	Includes general support for individuals with suicide ideation but lack of intent or ability to carry out the action.
Suicide Intervention	Support for individuals with suicide ideation, intent and ability to carry out the action.
Suicide Postvention	Support for families of individuals who committed suicide.

*Table 1: Terminology for Suicide Support Organizations*

# Methodology

A mixed methods research design including a variety of data sources and collection methods was used. The data sources included:

1. An environmental scan of local mental health organizations specific to suicide support using online searches of databases,
2. Interviews with local mental health and suicide support organizations to complement the data obtained electronically,
3. A literature review to help inform recommendations for future steps.

Details on these three methods are elaborated upon below.

**Environmental Scan:** A scan of suicide support organizations was conducted. The Hamilton Red Book website was the primary source used to identify organizations. Other websites used this process include:

- Google: Search terms included “Suicide,” “Mental health,” “Crisis,” “Intervention,” “Suicide prevention,” “Suicide intervention,” “Suicide postvention”
- McMaster University Student Wellness website
- Mohawk College Student Life website
- Hamilton Niagara Haldimand Brant Health Line website

At the first stage of research, 44 suicide support organizations were identified. A shortlist of twenty organizations was then compiled based on the inclusion and exclusion criteria outlined below (Table 2).

Inclusion Criteria	Suicide prevention, intervention and postvention services in the Greater Hamilton Area (including Hamilton, Brantford, Waterdown, Dundas, and Flamborough)
	Counselling services for at-risk individuals, which include individuals who exhibit suicidal ideation as well as vulnerable populations such as youth, minorities and indigenous groups (Mental Health Commission of Canada, 2018).
	Organizations that explicitly state that they provide suicide crisis support
Exclusion Criteria	Private clinics or organizations that provide psychology and psychiatry services for a fee
	Programs that focus on suicide awareness rather than engaging at the individual level
	General grief groups that are not specific to suicide
	In-patient services

*Table 2: Inclusion and Exclusion Criteria for Suicide Support Organizations*

**Interviews:** In July and August 2019, several suicide support organizations identified in the environmental scan were invited to participate in interviews, with seven community organizations responding. Representatives from the community organizations were given the choice to do either a phone interview or an email interview; five interested participants chose phone interviews/in-person interviews and two chose email interviews. Interviews were comprised of a series of nine open-ended questions, with an average interview time length of 30 to 45 minutes. The general outline of the phone interview is as follows:

- Discussion of confidentiality and obtaining verbal consent by participant
- Brief discussion of organization by participant
- Questions discussing the challenges facing suicide support organizations, any potential service gaps that may arise as a result, and what types of supports might assist with these challenges
- Interview wrap-up and final questions and thoughts from participant

A detailed interview guide can be found in Appendix B.

**Analysis:** Once all interviews were completed and transcribed, all transcripts were analyzed for recurring themes. First, questions were subdivided into groups according to question number. Responses obtained for each group of questions were then compared between the different suicide support organizations. Finally, key themes and topics in the responses were grouped together and summarized.

**Literature Review:** A short literature review was conducted by searching Google Scholar using the terms outlined in Table 3. The purpose of the scoping literature review was to gain an overall understanding of the research on suicide support services. Additionally, the literature reviews were used to supplement the findings from the environmental scan and the interviews.

Database	Search Terms	Number of Articles Reviewed
Google Scholar	"Suicide prevention programs"	8
	"Community based suicide prevention programs"	4
	"Systematic review suicide prevention programs"	1

*Table 3: Literature Review Methodology*

The Mental Health Commission of Canada website was also searched in order to locate grey literature that summarizes reports and policies from the mental health agencies and the World Health Organization.

# Limitations

This report has several limitations with respect to generalizability, sample size and bias.

**Generalizability:** Suicide support organizations that were invited to participate in interviews were chosen based on a list of inclusion and exclusion criteria. Some examples of exclusion criteria include private groups that charge a fee-for-service as well as inpatient services. Although these criteria were determined appropriate for this report, organizations that were excluded nonetheless play an important role in suicide support. Therefore, the findings from this report represent a snapshot of suicide support services and are not a comprehensive review of the services available in Hamilton.

**Sample size:** With respect to sample size, efforts were made to recruit as many interview participants as possible. Nonetheless, out of a total of 29 community organizations that were contacted, only seven participated in interviews. The small sample size used in this report may not be a good representation of the larger population.

**Bias:** It is possible that interview participants felt pressure to answer questions in a way that conformed to the views of the moderator. As a result, some participants may have withheld opinions related to contentious issues.

**System-User Perspective:** As discussed during the scoping phase of the study, system users were not interviewed in this research work. The training levels of the research associates involved in the data collection, as well as the high-risk nature of this work from a research ethics perspective were factors considered in making this decision. Given the importance of generating feedback from system-users, subsequent projects are necessary in this regard.

## Findings

### Environmental Scan

18 Suicide support organizations were broken down into four main categories:

1. General phones lines and chat services
2. Phone lines and chat services for at-risk groups
3. Emergency services
4. In-person services

Across these organizations, a total of 14 provide prevention services, 14 provide intervention services and 3 provide postvention services. The results of this scan may be found in Tables 4, 5, 6, and 7 below. After the tables we provide a written summary of each category.

*Table 4: General Phone Lines and Chat Services (8 Organizations)*

ORGANIZATION	CONTACT	MEDIUM	SERVICE TYPE	INTERVENTION TYPE	HOURS	POPULATION	LANGUAGES



<a href="#">Barrett Centre for Crisis Support Crisis Line</a>	1-844-777-3571  126-128 Emerald St S, Hamilton, ON, L8N 2V5	Phone	Crisis counselling	Prevention, Intervention	24/7	Adults 16+	English, French, Swahili, Spanish
<a href="#">COAST Crisis Line</a>	905-972-8338	Phone	Crisis counselling	Prevention, Intervention	24/7	Anyone	English
<a href="#">Crisis Services Canada</a>	1-833-456-4566  Text: 45645	Phone, text	Crisis counselling	Prevention, Intervention	Phone: 24/7, Text: 4 PM-12 AM	Anyone	English
<a href="#">Distress and Crisis Ontario</a>	416-486-2242  Text: 741741  info@dcontario.org	Phone, text, online chat	Crisis counselling	Prevention, Intervention	Phone: 24/7 Text/Chat: 2 PM-2 AM	Anyone	Translation available in 151 languages
<a href="#">Distress Centre Halton</a>	905-681-1488  Text: 647-557-6250.  info@dchaltan.ca	Phone, text, online chat	Crisis counselling and emotional support	Prevention, Intervention	24/7	Anyone	English
<a href="#">Salvation Army Hope Line</a>	1-855-294-4673 OR 905-522-1477  hopesalive@can.salvationarmy.org	Phone	Crisis counselling and emotional support	Prevention, Intervention	Weekdays 9 AM-4 PM	Anyone	English
<a href="#">Tel-Aide TAO</a>	1800-567-9699  lill@cmhabhn.ca	Phone	Crisis counselling	Prevention, Intervention	24/7	Adults 18+	French
<a href="#">Youth Space</a>	778-783-0177  support@youthspace.ca	Phone, online chat	Crisis counselling and emotional support	Prevention, intervention	6 PM - Midnight	Youth (under 30)	English

Table 5: Phone Lines and Chat Services for At-Risk Groups (2 Organizations)

ORGANIZATION	CONTACT	MEDIUM	SERVICE TYPE	INTERVENTION TYPE	HOURS	POPULATION	LANGUAGES
<a href="#">First Nations and Inuit Hope for Wellness Help Line</a>	1-855-242-3310	Phone, online chat	Emotional Support	Prevention, Intervention	24/7	First Nations and Inuit People	English, French, Cree, Ojibway, Inuktitut
<a href="#">Kids Help Phone</a>	1-800-668-6868 Text: CONNECT to 686868	Phone, text, online chat	Crisis counselling and emotional support	Prevention, Intervention	24/7	Kids, Youth	English, French

*Table 6: Emergency Services (1 Organization)*

ORGANIZATION	CONTACT	MEDIUM	SERVICE TYPE	INTERVENTION TYPE	HOURS	POPULATION	LANGUAGES
<a href="#">Hamilton Police Mobile Rapid Response Team</a>	911	In-person	Suicide support services	Intervention	24/7	Anyone	English

*Table 7: In-person Services (7 Organizations)*

ORGANIZATION	CONTACT	MEDIUM	SERVICE TYPE	INTERVENTION TYPE	HOURS	POPULATION	LANGUAGES
<a href="#">Canadian Mental Health Association</a>	905-521-0090 <a href="mailto:info@cmhahamilton.ca">info@cmhahamilton.ca</a> 131 John St S, Hamilton, ON, L8N 2C3	In-person	Housing support, case management services, recreational rehabilitation, mental health court support, and resilience skills building	Prevention, intervention	Weekdays 8 AM-4:30 PM	Anyone	English
<a href="#">Erich's Cupboard</a>	289-808-2301 <a href="mailto:erichscupboard@gmail.com">erichscupboard@gmail.com</a> 194 Rothsay Ave, Hamilton, ON L8M 3G7	In-person	Suicide prevention and intervention training services, suicide awareness events	Prevention	Course offerings and event times vary	Adults and youth aged 15 years+	English
<a href="#">Friends in Grief</a>	905-318-0059 <a href="mailto:hamilton@baygardens.ca">hamilton@baygardens.ca</a>	In-person	Suicide bereavement support group	Postvention	Once a week for 2 hours (dates)	Adults 18+	English

	a 947 Rymal Rd E, Hamilton, ON, L8W 3M2				vary during year)		
<a href="#">McMaster Children's Hospital</a>	1200 Main St W, Hamilton, ON, L8N 3Z5	In-person with referral	Mental health assessment, outpatient day treatment programs, and emergency mental health care	Prevention, Intervention	Monday, Tuesday, Thursday, Friday 9 AM-2:30 PM. Wednesday 9 AM-1 PM.	Youth (under 17)	English
<a href="#">Support After Suicide</a>	905-689-4852  146 Mill Street North, Waterdown, Ontario, L0R 2H0	In-person	Suicide bereavement support group	Postvention	3rd Tuesday of every month, 7-9 PM	Adults 18+	English
<a href="#">Survivors of Suicide Loss Support Group</a>	519-752-2998, ext. 112;  <a href="mailto:lill@cmhabhn.ca">lill@cmhabhn.ca</a>  Hankinson House, 445 Grey Street, Brantford ON, N3S 6X1	In-person	Suicide bereavement support group	Postvention	3rd Wednesday of every month, 7-8:30 PM	Adults 18+	English
<a href="#">St Matthew's House - Crisis Intervention Program</a>	905-523-5546 Ext.230  <a href="mailto:admin@stmattewshouse.ca">admin@stmattewshouse.ca</a>  417 Barton St E, Hamilton, ON L8L 2Y4	In-person	Crisis counselling and support services	Prevention, intervention	Weekdays 9 AM-4 PM	Adults (55+)	English

**General phone lines and chat services:** 8 organizations provide prevention and intervention services:

- 8/8 provide crisis support via phone, of these organizations operating hours include 24/7 (6/8), 9 AM – 4 PM (1/8) and 6 PM – Midnight (1/8)

- 3/8 provide crisis support via text. Of these organizations, operating hours include 24/7 (1/3), 4 PM – Midnight (1/3) and 2 PM – 2 AM (1/3)
- 3/8 provide crisis support via online chat, of these organizations, operating hours include 24/7 (1/3), 6 PM – Midnight (1/3) and 2 PM – 2 AM (1/3)
- 5/8 organizations provide support to anyone, 1/8 serve adults 16+, 1/8 serve Youth under thirty
- 1/8 organizations stated that translation services are available in one hundred and fifty-one languages. Of the remaining seven organization, languages supported include English (7/7), French (2/7), Swahili (1/7) and Spanish (1/7)

**Phone Lines and Chat Services for At-Risk Groups:** 2 organizations provide prevention and intervention services for at-risk populations:

- First Nations and Inuit Hope for Wellness Helpline provides 24/7 phone and online chat services for First Nations and Inuit people. The languages covered include English, French, Cree, Ojibway and Inuktitut
- Kids Help Phone provides 24/7 phone, text and online chat services for kids and youth in English and French

**Emergency Services:** The Hamilton Police Mobile Rapid Response Team provides 24/7 suicide intervention services for all populations in English.

**In-person Services:** 7 organizations provide in-person support:

- 3/7 provide postvention support groups for bereaved families of suicide. Support groups run weekly (1/3) or monthly (2/3) for 1.5-2 hours. All the groups require that participants are eighteen and over
- 1/7 provides walk-in crisis counselling and support services weekdays from 9 AM – 4 PM for Adults ages 55 and over
- McMaster Children's Hospital provides outpatient day programs with referral for youth under the age of seventeen. These programs target prevention intervention
- 4/7 provide prevention services and 3/7 provide intervention services
- 7/7 organizations provide service in English

**Geographic Distribution of Pertinent Organizations:** In-person services (n=6) in the Greater Hamilton Area were compiled into a map to better depict the geographic spread (Figures 1 and 2). In comparison to data obtained from the Hamilton Spectator's Code Red Series, it appears that there is a good relationship in geographic location of in-person services to areas of "high risk". The majority of services are in fact concentrated in the lower central part of Hamilton. 4/6 services are directly located in "red zones" depicted in Figure 3. One observation that may be made regarding distribution of suicide support organizations is a shortage of existing organizations based in Stoney Creek, which is an area of high volume for psychiatric concerns. It is important to recognize that these observations are extrapolated based on data from all psychiatric visits and may not represent suicide crisis specifically.

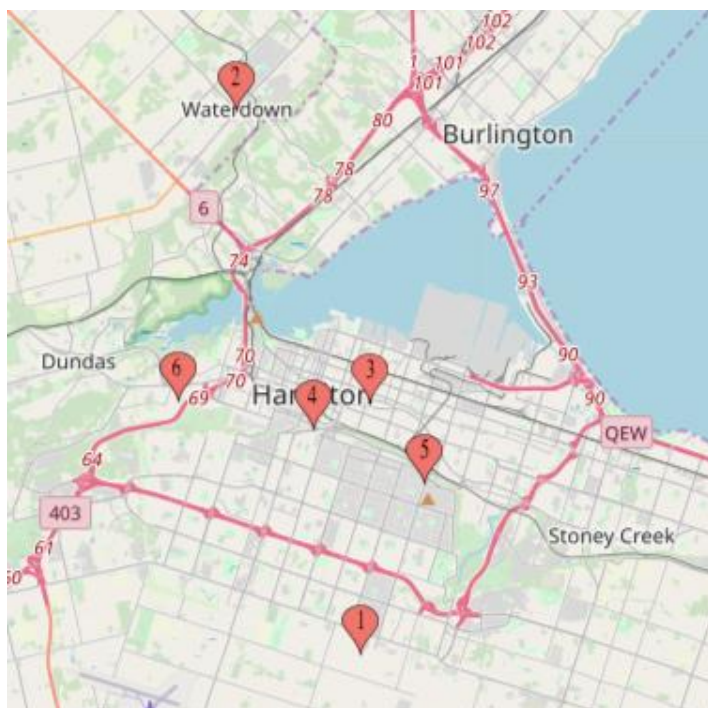


Figure 1: Geographic map representing in-person services







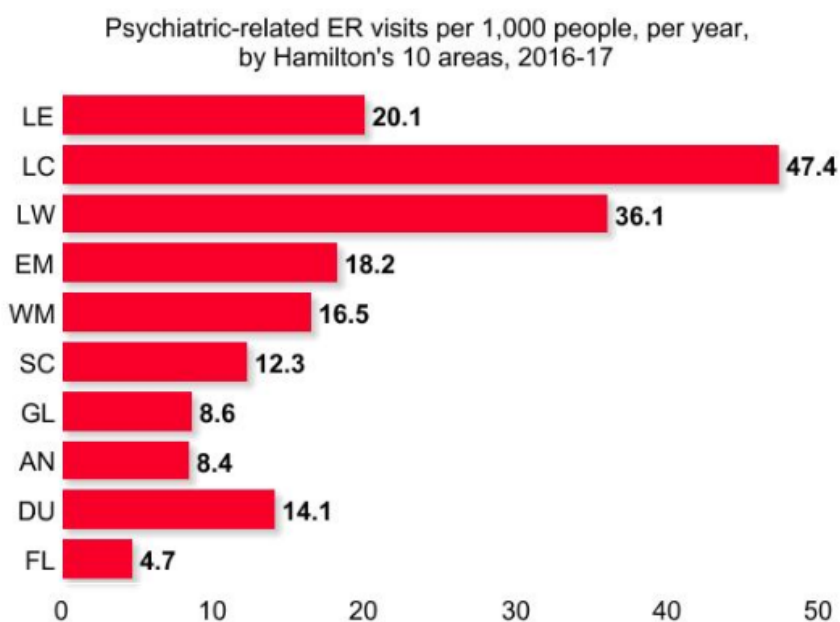
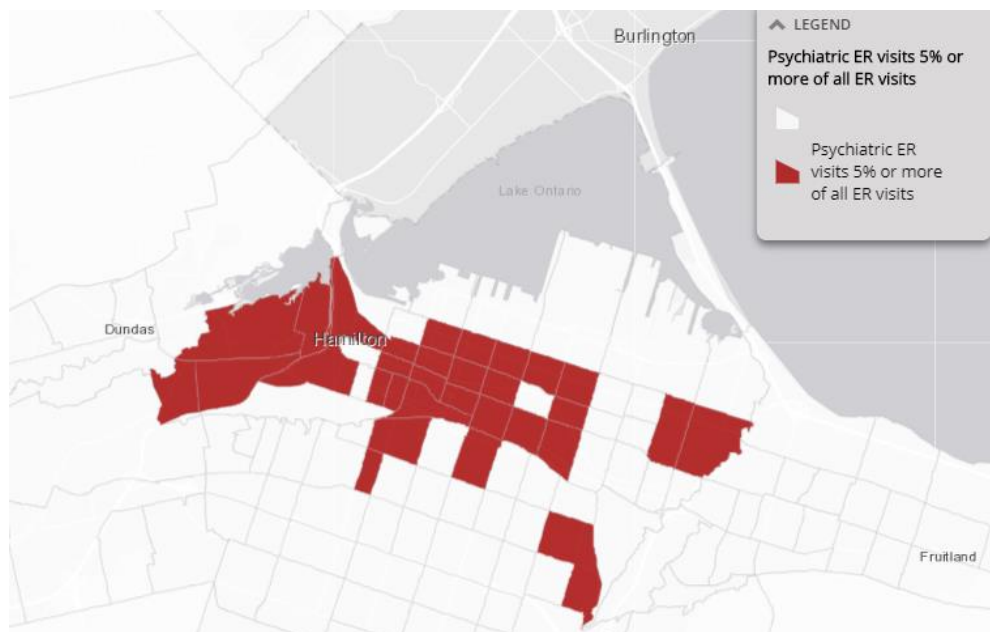
	Friends in Grief	947, Rymal Road East, Hamilton, Ontario, L8W 3M9, Canada
	Support After Suicide	146, Mill Street North, Braeheid Survey, Waterdown, Hamilton, Ontario, L0R 2H5, Canada
	St. Matthew's House Crisis Intervention Program	414, Barton Street East, Beasley, Hamilton, Ontario, L8L 2X2, Canada
	Canadian Mental Health Association	131, John Street South, Corktown, Hamilton, Ontario, L8N 2B9, Canada
	Erich's Cupboard	194, Rothsay Avenue, The Delta, Hamilton, Ontario, L8M 1H2, Canada
	McMaster Children's Hospital	McMaster University Medical Centre, 1200, Main Street West, Westdale, Hamilton, Ontario, L8N 3Z5, Canada

Figure 2: Legend of services marked on the map



SOURCE: Hamilton Health Sciences

LE = Lower East city, Kenilworth Ave. to Stoney Creek border. LC = Lower Central city, Kenilworth Ave. to James Street. LW = Lower West city, James St. to Dundas border. EM = East Mountain, Upper Wentworth St. to Stoney Creek border. WM = West Mountain, Upper Wentworth St. to Ancaster. SC = Stoney Creek. GL = Glanbrook. AN = Ancaster. DU = Dundas. FL = Flamborough.

Figure 3: Map and Bar Graph Depicting Neighbourhoods in Hamilton with Elevated Psychiatric-Related ER Visits. Source: Hamilton Health Sciences and Hamilton Spectator (Buist, 2019)

## Interviews

Participant characteristics and key themes raised during organization interviews are summarized below.

### Interview Participant Characteristics:

- Participants who agreed for an interview (n=7) were all involved in a working capacity with their organization and frequently in a leadership/administrative role.
- Organizations represented in this phase of the research included: local branches of large national mental health organizations (2/7), local suicide prevention council (1/7), out-of-province phone-based support service (1/7), local suicide/mental health support services (3/7).
- Organizations varied from being publicly to privately owned/funded. There was a range in the longevity of these services with some being 4-5 years old and others lasting for nearly fifty years.
- 5/7 organizations mentioned offering suicide prevention via significant training around mental health education (e.g. safeTALKs and ASIST trainings); 3/7 organizations mentioned being involved with intervention in some capacity as well.
- Little postvention work was addressed in the interviews.

## Thematic Analysis of Findings

A key aim of this project is to identify all potential service gaps in suicide prevention, intervention and postvention services in the Hamilton area. The input provided by the participating service providers enabled the identification of three main gaps (or main themes) and several subthemes, with the subthemes defined as outcomes that result from those service gaps. A graphic was produced to visually outline these themes and subthemes (Appendix C).

The first main gap identified is lack of funding. Due to low funding, there is reduced advertisement and awareness of currently available services to individuals. This may result in certain services receiving greater number of clients than others, leading to understaffing which could then generate long waitlists for those services.

*“It’s difficult because you only have the resources to do so many trainings and do so many speakers. So, if you’re going to target specific groups or specific populations that’s an issue of prioritizing. You’re leaving other people in the dark so often that what we end up doing is not being very responsive.” –  
Research Participant #2*

Lack of funding has also resulted in lack of education around mental health in schools which may contribute to the stigma associated with accessing help for individuals, especially youth and young adults. Alongside this, reduced funding has also led to lack of education for all agencies working in the social services leading to such issues as hospitals discharging patients without proper support in place, lack of trauma-informed care and weak referral processes in place at a community level.

*“The more people who have the education and background and are aware of the services available, the more you can reach out to the community and*

*hopefully act as a preventative. You would be able to also make the connections faster too for the clients...the more aware clients are, the better.”*  
– Research Participant #5

The second main gap identified was the unequal distribution of funding amongst service providers with larger, leading organizations obtaining greater funding compared to smaller organizations who often rely upon fundraisers to obtain their funding. Thus, questions arise as to how the larger organizations obtain their funding and whether smaller organizations can use the same means (or procedures) to obtain funding. For example, determining whether smaller organizations are eligible for applying for specific grants which larger organizations may be applying for.

*“I think funding is more of a national concern when it comes to mental health promotion. We are fortunate to have two dedicated staff that can send you to do these things. There are a lot of communities that don’t even have that at all ... so being able to have those ... I mean we feel fortunate to have, and we also see that it’s still not enough.”* – Research Participant #2

Finally, the last and most important service gap identified from the interviews with service providers was the lack of collaboration and connectivity amongst service providers. This has resulted in outdated, rigid protocols for crisis support; a “one-size-fits-all” or “cookie-cutter” approach. It has been suggested that by improving the connectedness between service providers these organizations may then be able to more effectively target underserved populations such as individuals from the LGBTQ+ community, Indigenous people, individuals with disabilities and other marginalized groups with potentially higher rates of suicide compared to the national average. Furthermore, improved connectedness amongst service providers can help ensure smoother referrals and enable the sharing of information, within confidentiality allowances, between service providers in order to benefit the communities to which they serve. Improved communication between service providers allows these organizations to have a more in-depth understanding of each other’s area of expertise, making it easier to more accurately and effectively allocate services to particular situations.

*“It [connectedness between suicide providers] increases capacity without having more people. People working with each other... so people are not re-doing what others are doing.”*

– Research Participant #1

Given the smaller sample size, there was limited overlap between the responses to identify a larger breadth of themes. In case it is deemed relevant, individual points relating to questions addressed in the interviews have been summarized in Appendix D as well.

## **Literature Review**

### **General Suicide Awareness:**

Research shows that certain populations respond best to awareness campaigns, including high school students (Cooper, Clements, & Holt, 2011) and psychiatric patients (Van der Feltz-



Cornelis, et al., 2011). For high school students, effective programs focus on problem solving, coping skills and personal control (Cooper, et al., 2011). With respect to psychiatric patients, emotional support in the form of phone lines and in-person programs significantly reduces the risk of suicidal behaviour (Van der Feltz-Cornelis, et al., 2011).

### **Postvention Response:**

At-risk and high-risk populations are unlikely to seek suicide support through their primary care providers. As a result, engaging these populations is essential. The main approaches to the development of strong postvention services include the following, as outlined by Stone and Crosby (2014):

1. Development of a community response plan
2. Individual and group counselling
3. Screening of high-risk individuals
4. Promotion of health recovery to prevent future suicides

### **Development of a Strong Network:**

The most successful suicide prevention programs utilize community support at multiple levels (Fountoulakis, Gonda, & Rihmer, 2011). In general, the cohesion of a network results in greater recruitment of resources, increased coverage of services, increased coordination between individuals and organizations within the community and overall sustainability of the service (Maya-Jariego, & Holgado, 2015).

Additional benefits that suicide support networks provide include:

- Training key opinion leaders, which are well known individuals can influence public opinion on a subject matter.
- Creating prevention campaigns
- Creating partnerships between care providers (Maya-Jariego, & Holgado, 2015)

Cooper et al. (2011) suggests that there are a number of key stakeholders that are required in the creation of a strong suicide support network:

- Research shows that although the private sector has had limited involvement with suicide prevention in the past, it is directly affected by the symptoms of suicide ideation including absenteeism and distraction at work. The involvement of the workplace is essential for the success of this network
- Physicians and front-line health care staff who act as gatekeepers
- Police and first responders are necessary to identify and respond to at-risk individuals and crisis situations
- School boards are essential in the promotion of mental health and suicide prevention campaigns. Furthermore, due to the correlation between bullying and suicide, it is recommended that school boards prioritize the creation of safe spaces at school while promoting mental health and suicide prevention

# Discussion

The findings from the data can be summarized into the following categories:

1. What services for suicide support, including suicide prevention, intervention and postvention exist in the Hamilton area?
2. What gaps exist amongst suicide support services in the Hamilton area?
3. How might those gaps be filled?

## **1. What services for suicide support, including suicide prevention, intervention and postvention exist in the Hamilton area?**

- Based on results from the environmental scan, there are an abundance of prevention and intervention services for suicide prevention that exist in the form of phone lines and chat services. These services provide support for both the general population as well as at-risk groups. While only services based in the Hamilton area were included in the finalized environmental scan, a number of out-of-province and national phone lines and chat services exist that were not included in this report, further indicating the prevalence of these organizations. Overall, the existing phone lines and chat services provide comprehensive coverage for the general population.
- The majority of in-person prevention and intervention services are provided by private clinics or hospitals. These programs were excluded from the report because they require a fee or they provide in-patient services, making them less accessible to the general public.
- Postvention services are provided in the form of bereavement support groups by three different funeral homes.

## **2. What gaps exist amongst suicide support services in the Hamilton area?**

- Although there is an abundance of general phone lines and chat services, services for vulnerable and at-risk populations, such as minorities and refugees, are fewer and more difficult to find. In-person services for these groups are also sparse.
- Free outpatient services that focus on prevention and intervention for the general population are also lacking in the Hamilton area.
- Postvention services are greatly lacking in the Hamilton area. According to the environmental scan, only 3/20 organizations provide this service. The shortage of postvention services was also brought up by interview participants.
- Interview participants mentioned that there is a need for early prevention of suicide. Under the current system, many patients first receive education on suicide after they have been hospitalized.
- Waitlists for services are often long and can span between 6-12 months.
- A number of interview participants noted a lack of coordination within the suicide support network.
- According to interview participants, the major issue within the current system is a lack of funding and resources for suicide support organizations. This issue results in poor training for staff and volunteers, resulting in a decrease in the overall quality of care.

## **3. How might those gaps be filled?**

- The shortage of services for at-risk and vulnerable populations can be addressed by investing in services for these groups. In particular, collaboration between established suicide support organizations and those that cater to at-risk and vulnerable populations is required to ensure that culturally sensitive programs are supported in their early stages.
- Development of free, out-patient suicide support services that focus on prevention and intervention.
- Creation of additional postvention services.
- Suicide prevention education can be addressed through community campaigns.
- Development of a strong network between suicide support organizations.

## Recommendations

A 2016 report by the World Health Organization [WHO] suggests that community engagement projects, which focus on participatory bottom-up processes in order to change policy and services, can be effective in addressing mental illness and preventing suicide. Communities can bring forward positive change by:

- Bridging gaps between local needs, governmental policies and evidence-based interventions
- Provide support and follow-up care for at-risk individuals
- Playing the role of a gatekeeper, which involves identifying suicidal behaviour and intervening by means of referral or support (WHO, 2016)

Additionally, the WHO (2016) recommends a six-step process for effective community engagement:

1. Initial preparation
2. Begin the conversation at the first meeting
3. Create a community action plan
4. Ongoing mobilization of the media
5. Monitor and evaluate the community action plan
6. Community feedback meeting

For more detail on these steps refer to Appendix A.

This report-initiated Steps 1 and 2 of the WHO community engagement process. In Step 1, a project team was created through a partnership with the McMaster Research Shop, Erich's Cupboard and Path Employment. Step 2 involved facilitating conversations with suicide support organizations. To ensure successful community change, it is recommended that additional dialogues and research are conducted prior to moving to Step 3. In particular, the following action items are recommended:

- Host a 1-day dialogue with suicide support organizations and service users to further discuss the weaknesses of the existing system and opportunities for improvement. Recommended topics of discussion include key challenges that services users face, the lack in-person prevention and intervention services and the shortage of postvention services. In particular, system mapping, which is a graphical representation of the links

and boundaries of a system, can be used to identify areas for improvement. Finally, a discussion on how suicide support organizations can collaborate on fundraising opportunities may be beneficial to address the financial challenges that exist in this field.

- Based on the results of this dialogue, determine where partnerships between organizations can be established in order to address the weaknesses of the existing system.
- Simultaneously, distribute the short-list of suicide support organizations provided in this report through the Erich's Cupboard website.
- Collaborate with groups that focus on at-risk and vulnerable people including minorities, youth and indigenous populations. Through Erich's Cupboard, host community awareness events and prevention workshops for these groups.
- Devise strategies to further strengthen support for "high-risk" neighbourhoods in Hamilton, such as certain areas of Stoney Creek that do not have proximally located in-person facilities as in other regions.

## Conclusion

This report examined the current state of suicide support organizations in Hamilton through a literature review, an environmental scan, and interviews with community organization. Overall, the findings from this report reveal that while there are many phone lines and chat services that provide prevention and intervention support, in-person prevention intervention services as well as postvention services are lacking. Moving forward, it is recommended that Path Employment and Erich's Cupboard conduct a 1-day dialogue with suicide support organizations. This dialogue will further clarify the weaknesses of the existing system and furthermore facilitate the partnerships that are necessary to address these weaknesses.

# Bibliography

Buist, S. (2019). Code Red: Ten Years Later. Hamilton Spectator. Retrieved from <https://projects.thespec.io/codered10/>

Canadian Association for Suicide Prevention / Association canadienne pour la prévention du suicide. (n.d.). Retrieved from <https://suicideprevention.ca/>

Cooper, G. D., Clements, P. T., & Holt, K. (2011). A review and application of suicide prevention programs in high school settings. *Issues in mental health nursing*, 32(11), 696-702.

Fountoulakis, K. N., Gonda, X., & Rihmer, Z. (2011). Suicide prevention programs through community intervention. *Journal of affective disorders*, 130(1-2), 10-16.

Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy*, 8(2), 114-129.

Maya-Jariego, I., & Holgado, D. (2015). Network analysis for social and community interventions.

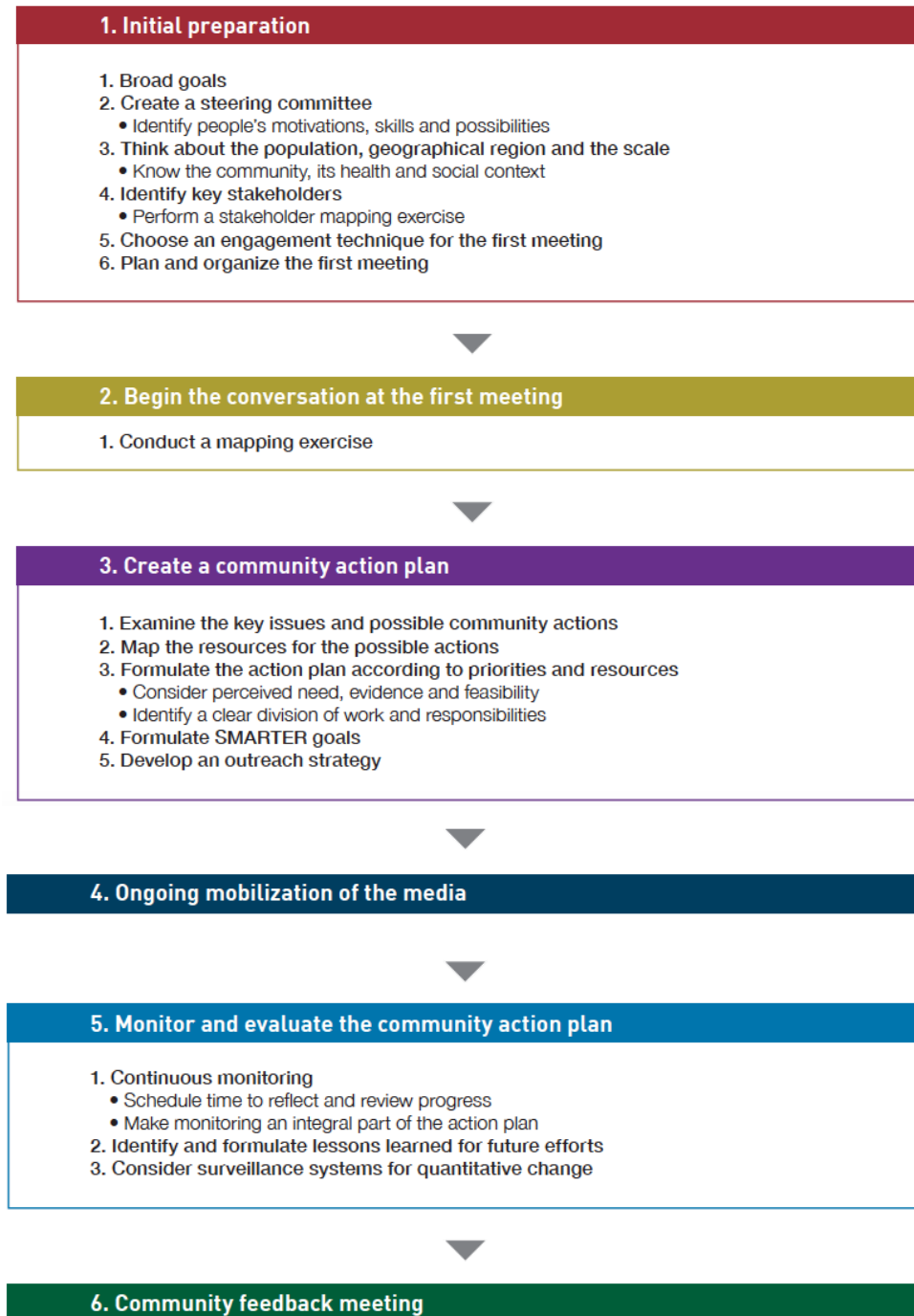
Mental Health Commission of Canada (2018). Research on suicide and its prevention: What the current evidence reveals and topics for future research.

Stone, D. M., & Crosby, A. E. (2014). Suicide prevention: state of the art review. *American journal of lifestyle medicine*, 8(6), 404-420.

Van der Feltz-Cornelis, C. M., Sarchiapone, M., Postuvan, V., Volker, D., Roskar, S., Grum, A. T., & Ibelshäuser, A. (2011). Best practice elements of multilevel suicide prevention strategies. *Crisis*.

World Health Organization (2016). Preventing suicide: a community engagement toolkit.

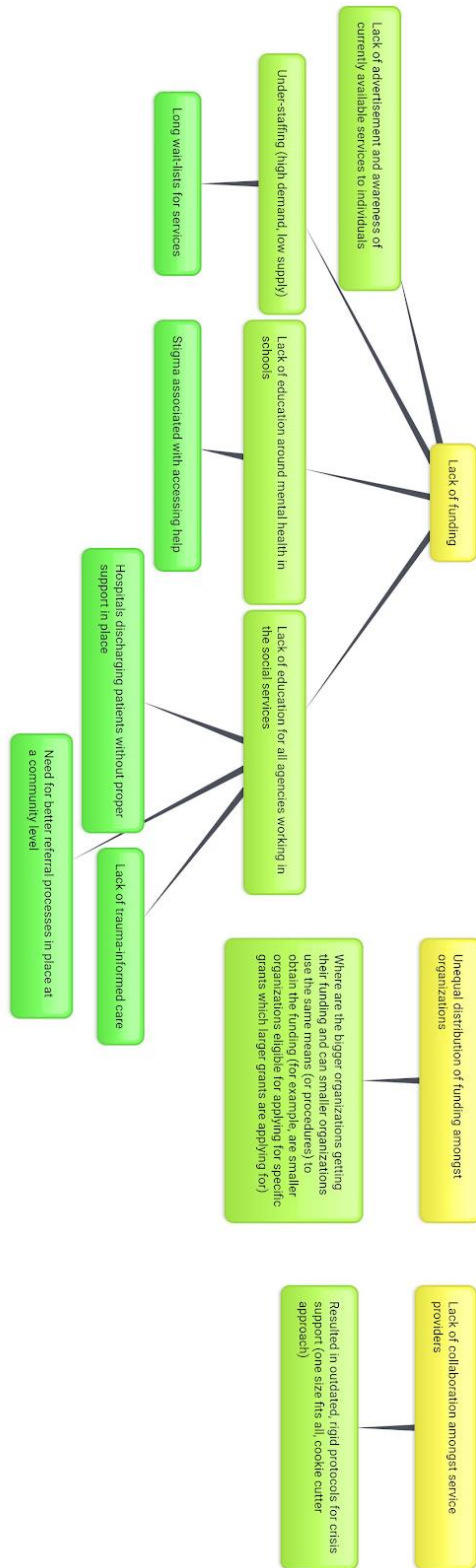
# Appendix A: World Health Organization Community Engagement Process



## Appendix B: Interview Questions

1. Please tell me a bit about your organization and the services you offer (E.g., Why was your organization started? What specific gap was it looking to address? What is the target population of the clients you serve?)
2. Suicide prevention refers to efforts to reduce the risk of suicide and suicidal behaviour. Suicide intervention refers to practices involved in responding to individuals with thoughts of suicide or who are at high risk of self-harm. Suicide postvention refers to healing programs and activities for everyone impacted by a death by suicide. Where do you see your organization fitting into these three services?
3. What sorts of challenges, if any, does your organization face in providing your services? (E.g., Funding/resources? Accessibility challenges (e.g., lack of awareness, limited hours, inaccessible location)? Cultural/language gap issues?)
4. What types of support(s) do you feel might help with these challenges?
5. From your perspective, do you feel like there are any gaps in suicide prevention, intervention, and/or postvention services in the Greater Hamilton area? If so, what are they, and what do you think is needed to fill these gaps?
6. Do you feel connected to other suicide service providers in the community?  
[If no]: How has being disconnected impacted the effectiveness of your services, if at all?  
[If yes]: How has being connected impacted the effectiveness of your services, if at all?
7. Overall, do you feel like suicide prevention, intervention, and postvention services are well-connected in the Greater Hamilton area? Why or why not?
8. What are the benefits, if any, of suicide prevention, intervention, and postvention services being well-connected?
9. From your perspective, what is needed in order to improve the connectivity of suicide services in the Greater Hamilton area?
10. Do you have any final comments on what the gaps there are, if any, in suicide prevention, intervention, and/or postvention services in Hamilton, and how they might be filled?

# Appendix C: Thematic Analysis Visual Depiction



Created with [www.bubbl.us](http://www.bubbl.us)



## Appendix D: Summary of Interview Responses

<p>Challenges outlined by organizations</p>	<ul style="list-style-type: none"> <li>• Funding and resource limits were identified as a major challenge</li> <li>• Decreased core funding affected the ability to follow through on new ideas, resulting in less capacity for support training; created strain on existing support lines; and decreased the amount of initiatives centred around public education</li> <li>• Staff burdened with too many clients leads to decreased personal interaction and quality of care</li> <li>• Safe housing to be a barrier to the safety of clients as renting costs in Hamilton have surged over the years</li> <li>• Difficulty adjusting to text-based media for the new generation</li> <li>• Need for more investment in early prevention rather than education for patients after they have been hospitalized</li> <li>• Issues with leadership and time commitment amongst committee members</li> <li>• Long waitlists for services spanning 6-12 months</li> </ul>
<p>Supports proposed to help mitigate challenges</p>	<ul style="list-style-type: none"> <li>• Increased funding was proposed by numerous organizations to help with maintaining sufficient staff members, organizing more programming for suicide prevention, or to help clients financially (e.g. subsidizing taxi fares to improve accessibility)</li> <li>• A coordinated plan to address suicide in the community involving support from decision-makers</li> <li>• Having policies in place to ensure that service providers continue to stay conscientious about their work</li> </ul>
<p>Perspective of organizations regarding gaps in suicide prevention, intervention and/or postvention services in the Greater Hamilton area</p>	<ul style="list-style-type: none"> <li>• Concerns from organizations that the Hamilton Crisis Outreach and Support Team (COAST) needed support to expand their service, since the current team was too small to keep up with demands in a reasonable timeframe.</li> <li>• Lack of postvention services in the Greater Hamilton region.</li> <li>• Expressed concerns with hospitals discharging suicidal patients home without proper supports in place, a lack of trauma-informed care, and a need for better referral processes in place at a community level.</li> </ul>

<p>Perspective on feeling connected to other suicide prevention organizations in the community</p>	<ul style="list-style-type: none"> <li>• Mixed responses from organizations regarding feeling connected to other suicide prevention services</li> <li>• Need for more awareness and advertisement of currently available services</li> <li>• Lack of connectedness may contribute to outdated, rigid protocols for crisis support, though acknowledgement that individual autonomy amongst services was expected</li> <li>• Larger organizations may be able to provide advice and assistance for smaller services who may consult them if more connections are made</li> <li>• Connectedness valued since it increases capacity by reducing redundancies in the system</li> <li>• Having greater knowledge of each service provider's area of expertise provides the opportunity to allocate services in a systematic manner to specific situations. This may be used to better support underserved populations</li> <li>• Connectedness enables smoother referrals and sharing</li> </ul>
<p>Proposed strategies to help improve connectivity of suicide support services in the Greater Hamilton area</p>	<ul style="list-style-type: none"> <li>• More networking opportunities and collaborations</li> <li>• Greater awareness and advertisement of all available programs</li> <li>• More workshop sessions on suicide prevention, for frontline workers</li> <li>• Greater interaction between Hamilton community services and campus community services</li> </ul>