

Building Strength, Inspiring Hope



espère • itotoitsihta • aisokitsisto'p
pakoshayimoohk • pakosêyimowin • ᑯᐱᑦᐱᐱᑦ

hope

aságundele ts'enidhê • warhpanibi
pah goos shay nimowin

msawendmin • nerriongerk
nidé

A Provincial Action Plan for Youth Suicide Prevention 2019 – 2024

All artwork in this document has been contributed by Alberta youth.

Government of Alberta

Date of publication: March 2019

Title of publication:

Building Strength, Inspiring Hope: A Provincial Action Plan for Youth Suicide Prevention 2019 - 2024

ISBN 978-1-4601-4097-0 (Print)

ISBN 978-1-4601-4098-7 (PDF)

Every effort has been made to provide proper acknowledgement of original sources. If cases are identified where this has not been done, please notify the Government of Alberta so that appropriate corrective action can be taken.

Permission is given by the copyright owner to reproduce this document “as is” for educational purposes and on a non-profit basis.

Website references contained within this document are provided solely as a convenience and do not constitute endorsement by the Government of Alberta of the content, policies or products of the referenced website. The Government of Alberta does not control the referenced websites and is not responsible for the accuracy, legality or content of the referenced websites or for that of subsequent links. Referenced website content may change without notice.

Table of Contents

Ministers' Message	2
Introduction: A Call for Action	3
The Role of a Provincial Prevention Plan	4
Responding to Stakeholder Feedback	6
Indigenous Communities: A Responsive Approach	7
Plan Components	8
Plan-at-a-Glance	9
Priority Youth Populations	14
Suicide Prevention Continuum	15
Building Strength, Inspiring Hope: An Action Plan for the Prevention of Youth Suicide in Alberta	17
Vision, Mission, Goals and Guiding Principles	17
Implementation Approach	29
Evaluating the Plan	29
Collaborative Approach	30
Appendices	32
1. Stakeholder Engagement List	32
2. Stakeholder Feedback	36
3. Youth Suicide Prevention Resources in Alberta	42
References	48

Message from the Ministers of Health and Children's Services

One youth lost to suicide is one too many and we must do better.

Our government is fighting for the needs of children and youth no matter what their situation is or where they live in Alberta. We are taking action to address youth suicide head-on by working shoulder-to-shoulder with Alberta Health Services, municipalities, communities, agencies and youth. Together, we can increase access to supports and services when they are needed and before youth reach a point where suicide feels like the only option.

Building Strength, Inspiring Hope was developed after careful reflection and consideration of the reports that highlight root causes that contribute to youth suicide in Alberta, including the 2015 Valuing Mental Health Report and the 2017 Next Steps Report.

The plan also responds to A Stronger, Safer Tomorrow: A Public Action Plan for the Ministerial Panel on Child Intervention's Final Recommendations. This emphasized the need for immediate action to provide responsive, culturally-appropriate, accessible services for children, youth and families, with a focus on expanding access to preventative mental health and substance use services and treatment in remote communities, rural areas and for Indigenous populations, both on and off-reserve.

We are grateful for the advice offered by Albertans throughout the province. We heard from nearly 600 people, including Indigenous leaders, rural and urban community leaders, professionals, caregivers and people with lived experience. We give special thanks to more than 300 young people who generously shared their powerful insights and helped us create a plan that will provide effective, targeted supports to them and their peers. For those who shared their personal experience, thank you for helping create positive change.

The complex issues youth face in today's society are not going away, but we can help young people navigate them. Our government is steadfast in its commitment to working toward a province where the right supports are there for those who are struggling with their mental health or contemplating suicide.

We are committed to continuing to work together to support our youth, to build strength, inspire hope and save lives.

Sarah Hoffman
Deputy Premier
Minister of Health

Danielle Larivee
Minister of Children's Services,
Minister of Status of Women



*Sarah Hoffman
Deputy Premier
Minister of Health*



*Danielle Larivee
Minister of Children's Services,
Minister of Status of Women*

Introduction: A Call for Action

This Action Plan is designed to build strength and inspire hope by outlining evidence-informed actions that will build community capacity, provide supports and services focused on recovery and growth, and ultimately reduce youth suicide in the province. The Plan is built on the belief that lives can be saved and, through additional supports, the capacity of communities to be places of safety, caring and healing can be strengthened.

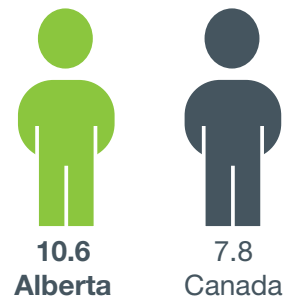
Alberta has one of the highest provincial rates of youth suicide in Canada and suicide is the second leading cause of death in this age group. Of particular concern is the high rate of suicide among Indigenous youth – roughly five to six times higher than non-Indigenous youth in Canada (Centre for Suicide Prevention, 2013).

Suicide is the second leading cause of death among youth ages 10-24 (Public Health Agency of Canada, 2016). In 2016, there were 2,095 youth who went to an Alberta emergency department for the first time for self-injurious behaviours (Data: Alberta Health). Among adults who died by suicide, 90 per cent had experienced mental health issues in the year prior to their death (Mental Health Commission of Canada, 2014). While many people who struggle with their mental health may never contemplate suicide or engage in self-injurious behaviour, there is a clear opportunity for intervention and support for those who do. By enhancing efforts to identify youth struggling with their mental health and connecting them to both clinical and community supports as they transition to adulthood, lives can be saved, suicide attempts can be reduced, recovery can be promoted and individual and community well-being can be strengthened.

Suicide is a significant issue that affects everyone – individuals, families, friends, schools, teams, neighbourhoods, entire communities – and can be prevented. Research indicates that unaddressed suicide ideation in youth intensifies with age. A prevention and early intervention focus is key to reducing suicide throughout the population. The issue is complex and the measures to reduce and prevent it must be comprehensive and multifaceted.

In the last two decades, the science of brain development has been a major influence in the field of early childhood development. Adolescence, the other period of rapid brain development in childhood – remains less well understood.

Average suicide rates of ages 10-24 between 2004 - 2014



Data Source: Centre for Suicide Prevention and Statistics Canada; Obtained from: www.suicideinfo.ca/resource/suicide-stats-canada-provinces/ Retrieved on: July 22, 2018



“Adolescence is a time of great potential. Decision-making faculties crystallize. Social-emotional skills mature. New interests grow. Adult identities begin to emerge. All of these important changes are influenced by adolescents’ environment and their relationships with parents, caregivers, teachers, coaches and mentors ... adolescence presents an opportunity to shape long-term outcomes.”

(Frameworks Institute, 2018)

Based on the convincing evidence that brain development continues through to the age of 25, and also in response to concerns expressed by stakeholders during the engagement process, this Plan extends the definition of youth to all individuals under the age of 25. Transitions into adulthood are becoming less linear and more complex. Many youth do not become independent adults until their mid-twenties, resulting in an increased reliance on family and external resources.

An important consideration during the development of this Plan was the youth voice. Youth representatives across Alberta, including youth from the priority populations targeted by this Plan, provided feedback. On-going youth involvement in identifying local needs and challenges, creating solutions, and implementing actions is also key to the success of this Plan. Involving youth in meaningful and robust ways will help ensure supports and services are responsive, innovative and designed to build on strengths and meet the unique and evolving needs and realities of Alberta youth.



Contributed by Ava, age 16

The Role of a Provincial Prevention Plan

Building Strength, Inspiring Hope: A Provincial Action Plan for Youth Suicide Prevention, 2019 - 2024 (referred to in this document as this Plan) takes a comprehensive, strength-based and evidence-informed approach to suicide prevention. Actions are aimed at children and youth under the age of 25, and, when successful, will have a ripple effect across all age groups. When prevention efforts are implemented effectively, their impact will be felt for generations.

The actions in this Plan will respond to a number of challenges related to suicide prevention that were identified throughout the stakeholder engagement process, including the following:

- at least 60 percent of people with mental illness are reluctant to reach out for help;
- people reaching out for help often have a difficult time finding the services they need;
- communities are often unsure how to access and/or implement evidence-informed approaches and practices; and
- Indigenous communities need the autonomy, resources and support to develop local responses that are culturally relevant and build on community wisdom and strength.

When implemented, this Plan will:

- coordinate provincial efforts, including those within the Government of Alberta, Alberta Health Services, non-governmental organizations, Indigenous communities and other community partners;
- provide guidance for evidence-informed, community-led activities; and
- support local, municipal, provincial and national initiatives for youth suicide prevention.

This Plan also identifies targeted actions for priority youth populations who experience higher rates of suicide relative to the general population, due to the number and type of external and internal factors and personal experiences these youth often face.

Aligning with Provincial Initiatives

Recent reports have called upon the Government of Alberta to take a leadership role in addressing youth suicide and to strengthen the capacity of Indigenous communities to support their own youth suicide prevention initiatives. The Office of the Child and Youth Advocate (OCYA) has issued several reports investigating the deaths by suicide of youth involved with the child intervention system, including *Toward a Better Tomorrow - Addressing the Challenge of Aboriginal Youth Suicide (2016)*. This report underscored the urgent need to address the issue of suicide among Indigenous youth and those in care. *Toward a Better Tomorrow* recommended that the Alberta government support Indigenous communities in developing community-led, community-driven, suicide prevention plans focusing on youth.

The *Valuing Mental Health: Next Steps (2017)* report specifically identified the need for a youth suicide prevention plan (Action 15). In addition, some of the actions identified in *A Stronger, Safer Tomorrow: The Government of Alberta's response to the recommendations of the Ministerial Panel on Child Intervention's final report (2018)* addressed risk factors and root causes of youth suicide, particularly for Indigenous Peoples.

This plan captures commitments to be undertaken over the course of the next five years. In 2018/19 government began taking immediate action on these recommendations by allocating a total of \$20 million toward immediate initiatives to address the actions.

Responding to Stakeholder Feedback

To develop this provincial action plan, over 600 individuals from across the province were engaged. These individuals — including Elders, members of First Nations communities and Métis settlements, Knowledge Keepers, youth and families, individuals with lived experience, subject matter experts in the field of suicide prevention, along with service delivery organizations, community programs, and provincial and federal government partners — provided input and feedback. This feedback, along with the knowledge from Indigenous Peoples, science and evidence regarding best practices, and information gleaned from engagements as part of the 2015 Mental Health Review and the 2017 Ministerial Panel on Child Intervention, was used to develop a comprehensive and evidence-informed set of actions to strengthen individual, organizational and community capacity, and reduce youth suicide in Alberta.



Contributed by Elsa, age 11

The Plan builds on the significant activity already underway across the province to address suicide. It also builds on the wisdom shared by Albertans who said a more collaborative and comprehensive approach to preventing youth suicide is needed. In response, the Plan considers personal, interpersonal and socioeconomic factors that lead to suicide, particularly for youth. It also includes efforts that focus on youth at greatest risk for suicide: those who need intervention, support for recovery and skills to manage persistent suicide ideation.

Stakeholders also said that supports and services need to be available for all Albertans, including those living in rural or remote locations. The actions in this Plan will strengthen community capacity and promote the positive mental health both of youth and of communities. Each of the five outcomes offers examples of how communities and community partners can support the actions outlined.

Indigenous Communities: A Responsive Approach

Indigenous Peoples in Canada include First Nations, Métis and Inuit peoples. These distinct groups comprise many unique populations, each with their own history, language and culture that have been practiced since time immemorial. Culture is a foundation of who Indigenous Peoples are, where they come from, and forms part of their identity in the world. A connection to Indigenous culture flows through all aspects of life and is essential to the overall well-being of Indigenous communities, youth, and families. While there are distinct differences between Indigenous Peoples, many share similarities in their experiences of colonialism and the impacts on their mental health. Many of the mental health challenges faced by Indigenous populations are rooted in historical and intergenerational trauma caused, in part, by residential schools and the Sixties Scoop. This has contributed to high rates of suicide and an overrepresentation of Indigenous Peoples within Alberta's child intervention, justice and health care systems. Many of these challenges impact the mental health, well-being and resiliency of youth, families, and communities.

Suicide prevention and early intervention supports must be responsive to, and understanding of, Indigenous cultural values and ways of being. Supports must be centred on the individual, the family, and the community as a whole. Supportive approaches should build on community strengths, based on their needs and perspectives to address challenges. Communities themselves are best positioned to lead healing through understanding their strengths, needs and opportunities.



“Rooted in traditional cultural values, a community-based response to suicidal crisis becomes an opportunity for the enhancement of individual resilience, family healing, and community transformation.”

(Thira, 2014)

The Government of Alberta is committed to strengthening relationships with Indigenous Peoples in Alberta. The foundation of this relationship is a commitment to implementing the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission of Canada: Calls to Action. As a demonstration of this commitment, and to be respectful of the knowledge received from Indigenous partners, Indigenous communities are being supported to develop their own local responses rooted in community and cultural strengths and a collective sense of possibilities and best practices.

Indigenous communities have identified that they need to be the leaders in developing their own youth suicide prevention plans. The engagement process began in ceremony with Knowledge Keepers from around the province and a commitment was made that the Government of Alberta would support communities as they begin the work of identifying their own strengths, needs, and solutions. Every community is at a different state of readiness and it is important that the engagement process is ongoing, conversations with communities continue, and supports are available when and where communities need.

Plan Components

This Plan has five outcomes designed to reduce Alberta’s youth suicide rate and support all Albertans impacted by suicide over the next five years. Each of the outcomes has a number of actions the Government of Alberta will undertake. These actions are based on evidence-informed approaches and practices that:

- respond to needs across the suicide prevention support continuum;
- build on existing activities;
- address current service gaps identified by stakeholders; and
- consider the needs of youth populations who are at greater risk of suicide.



Contributed by Brooklyne, age 18

Evidence-informed practice

Evidence-informed means using evidence from research and systematic data gathering to identify the potential benefits, limits and essential components of any strategy or intervention. It also acknowledges that what works in one context may not be appropriate or feasible in another. Evidence-informed practice brings local experience and expertise together with the best available evidence from research, cultural knowledge and traditional practices.

Plan-at-a-Glance

Vision

An Alberta where youth feel they are heard, supported and valued and we all actively work together to prevent youth suicide.

Goals

- Reduce the rate of youth suicide and suicide attempts in Alberta.
- Support all Albertans who have been impacted by suicide; including communities, family members, youth, service providers and any individual who plays an important role in the life of a youth.

Principles

Promote well-being and resiliency

Collaborate

Consider suicide prevention as holistic

Focus on youth priority populations

Respect local cultures, knowledge and traditions

Be evidence-informed



Contributed by Joline, age 19

Outcomes - what will be achieved	Actions - how outcomes will be achieved
<p>1. Supports and Services</p> <p>Effective suicide prevention, intervention and postvention supports and services are available to youth and their families across Alberta.</p>	<ul style="list-style-type: none"> • Increase culturally relevant supports. • Ensure that policies and practices are in place to support children and youth receiving government services who lose a significant person to suicide. • Enhance transitional supports for youth. • Support school authorities. • Identify and implement innovative models of service delivery.
<p>2. Training</p> <p>Evidence-informed suicide prevention training for youth, families, front-line workers and other people who work with youth, is readily available across Alberta.</p>	<ul style="list-style-type: none"> • Increase mental health, suicide prevention awareness and training opportunities. • Increase access to peer-support training and programming. • Develop and support the implementation of a toolkit of accessible training opportunities for youth, caregivers, natural supports and service providers to increase suicide prevention knowledge. • Promote training for primary care practitioners. • Provide and support the implementation of training for those who support youth receiving government services.
<p>3. Awareness and Education</p> <p>Social stigma is reduced and mental well-being is promoted through increased awareness, education and understanding so that youth and families are more likely to seek help related to suicide.</p>	<ul style="list-style-type: none"> • Support mental health initiatives that promote the importance of youth mental health and reduce the stigma of mental health issues. • Develop public awareness campaigns that promote health conversations, reduce stigma and promote mental well-being. • Promote media guidelines around responsible reporting of suicide
<p>4. Research, Data and Knowledge</p> <p>Approaches supporting youth suicide prevention and the mental well-being of youth and families are continually improved through research, information sharing and knowledge mobilization.</p>	<ul style="list-style-type: none"> • Share key information, data and research with stakeholder groups across the province to inform and improve approaches. • Increase research partnerships to build a stronger evidence-base that will inform practices and improve outcomes.
<p>5. Reduce Access to Means of Suicide</p> <p>Youth have less access to common means of suicide, giving individuals at risk more time to reconsider options and seek help.</p>	<ul style="list-style-type: none"> • Promote ways of reducing access to common means of suicide in the physical environment. • Partner to explore implementation of barriers and other mitigation strategies related to infrastructure.

To more fully understand youth suicide, geographic, socioeconomic and other contributing factors must be considered. This means looking at the role that risk and protective factors play in suicide prevention. It also means considering how these factors are influenced and shaped by local and geographic realities, as well as how they intersect with race, sex and gender identity.

Risk factors and protective factors are important in suicide prevention as they help pinpoint areas for direct action. Understanding these factors helps identify individual youth and groups of youth who may be at higher risk for suicide so they can be more effectively supported.

Impact of Suicide

Research indicates that up to 135 people can be impacted by every suicide death.

(Cerel, et al., 2018)

Risk factors: characteristics that make it more likely that individuals will engage in suicidal behaviour and indicate that someone is at heightened risk for suicide.

Many risk factors are the result of **adverse childhood experiences (ACEs)**. The most commonly studied ACEs are physical, emotional or sexual abuse; physical or emotional neglect; witnessing domestic violence; growing up with a parent with a substance use problem or untreated mental illness; having an incarcerated family member; and being abandoned

by a parent for any reason. Youth who experience this kind of adversity early in life are at greater risk of a number of mental health issues that could lead to suicidal ideation.

Protective factors: circumstances and experiences that promote resilience and mental health and serve as a buffer against suicidal ideation.

The identification of protective factors can also support public health promotion, such as positive mental health initiatives within schools and communities. These types of initiatives focus on building resiliency at a whole population or universal level, which can ultimately trickle down and offset potential risks for specific groups or individuals who are at higher risk. (World Health Organization, 2014).

Strengthening protective factors needs to be an ongoing process to buffer against the risk of suicide and in order to build resilience. Reducing risk factors and building protective factors is the foundation for identifying effective and evidence-informed approaches and practices for the prevention of youth suicide.

The following chart offers examples of the types of risk and protective factors that are associated with youth suicide.



Contributed by Levi, age 9

Risk and Protective Factors for Youth at Risk of Suicide

Context	Risk factors			Protective factors
	Predisposing factors	Contributing factors	Precipitating factors	
Individual	<ul style="list-style-type: none"> • Previous suicide attempt • Substance use and addiction • Depression, anxiety and other mental illnesses, such as bipolar disorder 	<ul style="list-style-type: none"> • Poor coping skills • Substance use • Impulsivity • Aggression • Hypersensitivity and/or anxiety • Rigid cognitive style (i.e., the inability to mentally adapt to new demands or information) 	<ul style="list-style-type: none"> • Loss • Personal failure • Experiences of cruelty, humiliation and/or violence • Individual trauma • Health crisis 	<ul style="list-style-type: none"> • Effective coping, self-soothing and problem-solving skills • Willingness to seek help when needed • Good physical and mental health • Positive experiences and feelings of success • Strong connection to community and a sense of belonging*
Family	<ul style="list-style-type: none"> • Family history of suicidal behaviour or suicide • Family history of mental illness • Early childhood loss, separation or deprivation 	<ul style="list-style-type: none"> • Family discord • Punitive parenting • Dysfunctional parent/ caregiver-child relationships • Multi-generational trauma and losses* 	<ul style="list-style-type: none"> • Loss of a significant family member • Death of a family member, especially by suicide • Recent conflict 	<ul style="list-style-type: none"> • Family cohesion and warmth • Positive parent / caregiver-child connection • Positive role models • Active parental supervision • Family holds high and realistic expectations • Support and involvement of extended family • Connection with an Elder*

Context	Risk factors			Protective factors
	Predisposing factors	Contributing factors	Precipitating factors	
Peers & school	<ul style="list-style-type: none"> • Social isolation and alienation • History of negative school experience • Lack of meaningful connection to school 	<ul style="list-style-type: none"> • Negative attitudes toward seeking help • Limited or conflicted peer relationships • Suicidal behaviours among peers • Uncertainty among school staff about how to help (or reluctance to intervene) 	<ul style="list-style-type: none"> • Interpersonal conflict • Experiencing bullying behaviour • Social rejection • Peer death by suicide • Academic failure • Expulsion • Disciplinary issues in the classroom • Harassment in the school environment 	<ul style="list-style-type: none"> • Social competence • Healthy peer modeling • Peer friendship, acceptance and support • Success at school • Sense of social connectedness and belonging • Supportive school environment • School engagement • Anti-harassment policies and practices*
Community	<ul style="list-style-type: none"> • Multiple suicides • Community marginalization* • Socioeconomic deprivation* 	<ul style="list-style-type: none"> • Sensational media portrayal of suicide • Access to firearms or other lethal methods • Uncertainty about how to help among key gatekeepers (i.e., individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine) • Limited community resources 	<ul style="list-style-type: none"> • High-profile celebrity death, especially by suicide • Conflict with the law/ incarceration 	<ul style="list-style-type: none"> • Opportunities for youth participation • Availability of resources • Community ownership* • Control over local services* • Culturally safe healing practices* • Opportunities to connect to land and nature* • Elders are engaged and promote connections with youth*

*Considered especially relevant for First Nations, Métis and Inuit youth

Source: Adapted from: Together to Live. Obtained from: www.togethertolive.ca/risk-and-protective-factors

Priority Youth Populations



Contributed by Katelyn, age 18

Research indicates that some youth populations are at greater risk of suicide. Youth who experience more predisposing or contributing risk factors such as marginalization, inequality, racism, harassment, discrimination or isolation are at higher risk of engaging in suicide behaviour and need more protective factors to balance the scales. Indigenous youth, immigrants, newcomers and refugees, and LGBTQ2S+ youth may experience more of these types of negative experiences that can have a long-lasting impact on mental health and well-being (Government of Canada, n.d.).

No single risk factor will lead youth to harm themselves; rather it is a combination of risk and protective factors, operating within the situational context of a youth's experience that influences the outcome. For example, the literature does not indicate a higher rate of suicide among immigrants in general; however, the risk of suicide is higher among newcomers who have experienced trauma. Youth with previous suicide attempts are at a greater risk of re-attempting. Youth who have lost a family member or close friend to suicide are also at increased risk. Suicide prevention strategies must consider that individuals inhabit multiple identities, often intersecting with race, sex and gender identity.

Being part of one or more sub-populations does not mean someone will necessarily attempt or die by suicide. Many youth who belong to one or more of an identified sub-population will never contemplate suicide but, on average, these youth will contemplate suicide more than the general youth population because risk factors tend to cluster more within these sub-populations, making their relative risk of suicide higher. For example, LGBTQ2S+ youth who experience positive family support, even though they may feel marginalized in larger society, are less likely to engage in suicidal behaviour than those youth without strong family support and acceptance.

Suicide contagion is more prevalent among adolescents and when suicidal contagion occurs, a suicide cluster can develop. A cluster, in this case, is defined as multiple incidences of suicidal behaviours or deaths by suicide that fall within an accelerated time frame, and sometimes within a defined geographic area (Zenere, 2009). When one or more individuals in a close-knit community (or family) attempt suicide or dies by suicide, it can lead to suicidal behaviour or ideation of others within the community or



Contributed by Alec, age 13

family. Suicide clusters may significantly affect close-knit communities, such as rural communities, school communities or cultural communities, because of the geographical, psychological and social proximity within these groups (Zenere, 2009). When there is a close physical distance, a sense of connection, and a relationship with an individual who dies by suicide, there is an increased risk of suicide clustering. The availability of culturally and community-appropriate services (e.g., LGBTQ2S+ aware and informed services, services that incorporate Indigenous knowledge and worldviews, services that are equipped to serve people who are experiencing homelessness) can have a significant impact on providing more effective and relevant supports that prevent additional suicides and help people to heal.



Contributed by Hannah, age 17



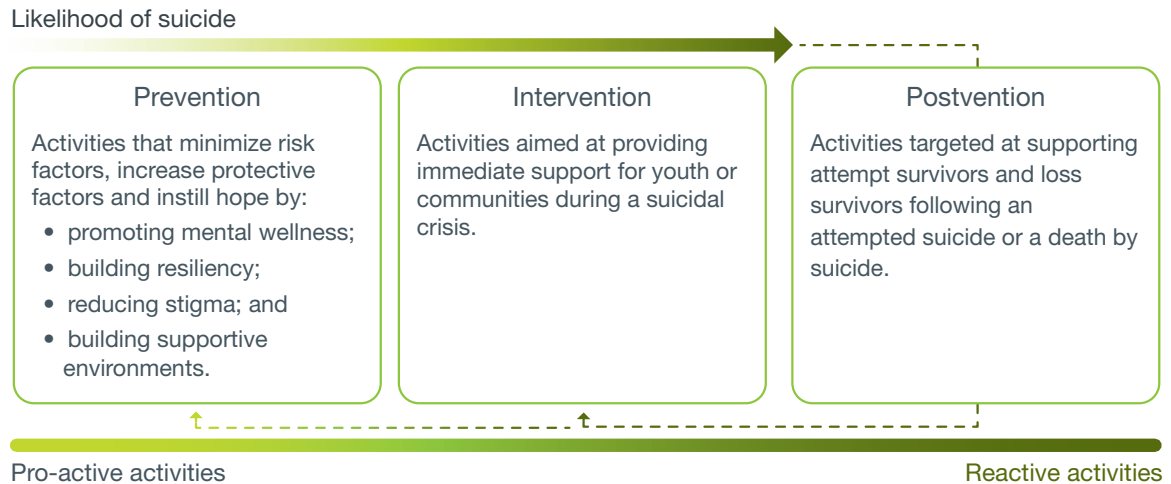
“Sometimes the strongest and bravest thing that someone can do is admit that they can use help and accept the help that is there.”

(youth voice)

Suicide Prevention Continuum

Evidence-informed practices targeting suicide prevention need to be designed to address a continuum of three overlapping and interconnected phases: prevention, intervention, and postvention.

The following graphic illustrates each of these phases.

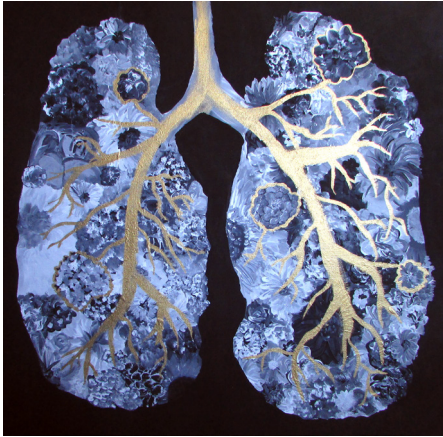


A comprehensive approach provides supports across all three stages of the suicide prevention-intervention-postvention continuum. Prevention activities focus on building resilience and mental wellness in order to promote overall positive mental health. Promotion of mental wellness begins early in childhood, before a youth ever begins to have suicidal ideation or express suicidal behaviours. Intervention and postvention activities are focused on how to help when there is an increased likelihood of suicidal ideation or death by suicide.



Contributed by Isaac, age 14

Building Strength, Inspiring Hope: An Action Plan for the Prevention of Youth Suicide in Alberta



Contributed by Kat, age 18

Preventing and reducing youth suicide requires a multifaceted approach with sustained implementation over time. Over the course of implementation, different components of the Plan may be revised to reflect emerging research, changing contexts and evaluation results.

This Plan supports the development of new initiatives, and the enhancement of existing initiatives that incorporate evidence-informed practices and address gaps and reduce barriers identified by stakeholders and experts in the field.

Vision, Mission, Goals and Guiding Principles

Guided by a strategic vision, goals and principles, *Building Strength, Inspiring Hope* is a collaborative five-year action plan focused on suicide prevention for all youth, with targeted actions for youth who are at the greatest risk of suicide. This Plan also applies a gender-based analysis plus (GBA+)¹ lens to ensure that those groups of youth who are disproportionately at risk of suicide are adequately supported.

Vision

An Alberta where youth feel they are heard, supported and valued and we all actively work together to prevent youth suicide.

Mission

This Plan seeks to support and coordinate provincial efforts, and provide guidance for evidence-informed, community-led actions that will prevent youth suicide.

¹ An analytical tool used to assess how diverse groups of women, men and gender-diverse people may experience policies, programs and initiatives. The 'plus' in GBA+ acknowledges that Gender Bias Analysis goes beyond biological (i.e., sex) and social-cultural (i.e., gender) differences and considers many other identity factors such as race, ethnicity, religion, age, and mental or physical disability.

Goals

- Reduce the rate of youth suicide and suicide attempts in Alberta
- Support all Albertans who have been impacted by suicide; including communities, family members, youth, service providers and any individual who plays an important role in the life of a youth.

Guiding Principles

The following principles are foundational to implementing an action plan for youth suicide prevention in Alberta and are aligned with both Valuing Mental Health: Next Steps and A Stronger Safer Tomorrow.

Promote well-being and resiliency

Include strengths-based approaches that promote well-being, mental health and overall resiliency of the individual, family, community, and health and social systems.

Collaborate

Build meaningful and respectful partnerships and work together with youth, families, communities, government and supporting organizations to establish comprehensive and coordinated approaches, including sharing experiences, knowledge and data.

Consider suicide prevention as holistic

Adopt a perspective that considers the whole continuum of care (i.e., prevention, intervention and postvention), which recognizes that mental, physical, spiritual, emotional, and social health are interconnected and interrelated.

Focus on youth priority populations

Include targeted approaches to promote protective factors and address the needs of youth disproportionately impacted by suicide.



Contributed by Keira, age 10

Respect local cultures, knowledge and traditions

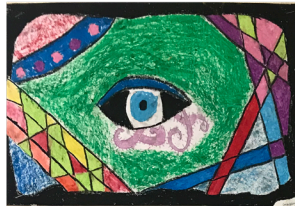
Respect and acknowledge the cultural diversity of individuals and communities to support service delivery that is culturally sensitive, compassionate, and non-discriminatory. Support Indigenous communities to develop their own local responses rooted in community strengths.

Be evidence-informed

Embrace a culture of knowing and learning that provides opportunity to adopt new ways of doing things. Use evidence and knowledge-based practices to continuously inform, evaluate and improve ongoing initiatives.

The Plan has five outcomes designed to reduce Alberta's youth suicide rate and support all Albertans impacted by suicide over the next five years, including:

- 1. Supports and Services**
Effective suicide prevention, intervention and postvention supports and services are available to youth and their families across Alberta.
- 2. Training**
Evidence-informed suicide prevention training is readily available across Alberta for youth, families, front-line staff and other people who work with youth.
- 3. Awareness and Education**
Social stigma is reduced and mental well-being is promoted through increased awareness, education and understanding so that youth and families are more likely to seek help related to suicide.
- 4. Research, Data and Knowledge**
Approaches supporting youth suicide prevention and the mental well-being of youth and families are continually improved through research, information sharing, data collection and knowledge mobilization.
- 5. Reduce Access to Means of Suicide**
Youth have less access to common means of suicide, giving individuals at risk more time to reconsider options and seek help.



Graham, age 11



Kyra, age 11



Brennan, age 11



Jenna, age 11



Elliot, age 11



Ella, age 11

Outcome 1: Supports and Services

Effective suicide prevention, intervention and postvention supports and services are available to youth and their families across Alberta.

To achieve this outcome, the Government of Alberta will:

- Support safe, accessible and culturally relevant services for youth and families by:
 - » Increasing support for cultural services (i.e., Elders) within integrated youth service hubs;
 - » Expanding the Honouring Life program to all First Nations and Métis settlements to develop and implement local approaches to address the issues of youth suicide, mental wellness and healthy lifestyle promotion;
 - » Collaborating with Indigenous communities and organizations to gather and create a collection of resources to support development and implementation of community-led suicide prevention and community well-being plans; and
 - » Increasing access to culturally relevant parenting and youth-oriented activities within Indigenous communities.

Integrated Youth Service Hubs provide health and social services under one roof in a youth-friendly environment (sometimes referred to as a 'one-stop shop'). Services typically focus on early intervention and providing resources to help youth manage their concerns.

The four pillars of Honouring Life include:

1. The Community is the Medicine Model, with the community utilizing culture to anchor local program design and implementation;
2. Elders and traditional knowledge are the core with an essential role in healing and holistic support;
3. Youth are valued and are leaders in co-designing local initiatives; and
4. Resiliency, building from a place of strength at the individual and community level.

- Ensure that policies and practices are in place to support children and youth receiving government services who lose a family, community member or significant person to suicide.
- Enhance transitional supports for youth moving between social systems, including:
 - » Increasing participation in the Advancing Futures Program;
 - » Ensuring youth who present at emergency departments with a substance use or mental health issue are discharged with appropriate follow-up plans and supports;
 - » Working with Regional Collaborative Service Delivery regions to develop protocols for addressing youth suicide prevention, suicidal ideation, and suicide loss in schools and communities; and
 - » Increasing continuity of care within release plans for youth leaving the criminal justice system.
- Support school authorities in the development and implementation of protocols related to youth suicide prevention, intervention and postvention.
- Focus on the use of technology-based solutions, identify and implement innovative models of service delivery, including 211 telephone service, phone, text and chat support and mobile teams in order to provide enhanced supports in rural and remote communities and other areas not currently served by 211 telephone service.
 - » Support inclusion of service information from First Nations and Métis settlements, as appropriate.

Advancing Futures is a transitional funding program that assists youth who have been or continue to be in care (or are receiving services from the Government of Alberta) in accessing a post-secondary education, with a final goal of obtaining a long-term career.



Contributed by Zander, age 7

How communities and community partners can support these actions:

- Establish a local steering committee related to youth suicide prevention and rely on community engagement to determine local needs, priorities and circumstances to develop a plan that aligns with provincial and national policy.
- Collaborate with community partners, youth and their care providers to develop and provide referrals to evidence-informed, timely, coordinated supports and services (including social supports) for local youth who are at greater risk of suicide.
- Engage youth and families to ensure person-centred, holistic, strength-based, culturally relevant treatment plans focus on improving health and well-being.
- Collaborate to develop and implement innovative models of service delivery that use technology to enhance clinical supports available to local community members.
- Utilize 211's directory of services and map pathways, including a wait-list service plan, to ensure on-going, longer-term continuity of care for youth moving between social systems.
- Utilize community gatekeepers to identify those at risk and connect to local resources.

As a result, Albertans will see:

- Safe, accessible and culturally relevant supports and services for youth and families.
- Responsive supports and services that focus on transition points between services and promote continuity of care for youth who are disproportionately affected by suicide.
- Innovative models of service delivery that use technology to enhance supports available to local communities.
- Community-led responses to prevent youth suicide in Indigenous communities.

Outcome 2: Training

Evidence-informed suicide prevention training for youth, families, natural supports, front-line staff and other people who work with youth, is readily available across Alberta.

To achieve this, the Government of Alberta will:

- Increase mental health and suicide prevention awareness and training opportunities for youth, families and communities.



“Learning the signs and symptoms of mental health struggles, you are better able to support others and could make a big difference in preventing youth suicide.”

(youth voice)

- Increase access to peer support training and programming related to suicide prevention in community-based settings for youth who are disproportionately affected by suicide.



“It would be helpful to be able to connect to other people who have lived the same life and could tell us how they overcame things to get where they are now.”

(youth voice)

- Develop and support the implementation of a toolkit of accessible, low or no-cost training opportunities for youth, caregivers, natural supports and service providers to increase suicide prevention knowledge, increase awareness about mental health and reduce the stigma surrounding suicide and mental illness.
- Promote training for primary care providers to better screen, assess and respond to youth experiencing suicidal ideation.
- Provide and support the implementation of training related to screening, assessing for the risk of supports for follow-up care for those who support youth receiving government services.



“I think that a teacher can be one of the most important people in the lives of youth so it’s very important to give them training on how to recognize when their students are struggling and how to support them.”

(youth voice)

Natural supports are the key relationships and associations (e.g., with family, friends, romantic partners, co-workers, teammates, coaches, peers) that make up a youth’s social network. Natural supports can play an important role in enhancing the quality of life for youth by contributing to a sense of safety and belonging.

How communities and community partners can support these actions:

- Participate in evidence-informed, culturally safe and appropriate mental health awareness training and suicide intervention training offered in the community.
- Participate in and promote training that reduces stigma, builds skills and causes participants to examine values and beliefs (as they affect practices).
- Engage in 'safety plan' training using a strengths-based, recovery-oriented approach to suicide prevention.

As a result, Albertans will see:

- Peer-support programming for youth who are at greater risk of suicide.
- Effective screening, assessment and services for youth who have a history of suicide attempts or who have lost a family member to suicide.
- School staff, first responders, police officers, correctional peace officers, community leaders and health practitioners supporting young people with substance use and/or mental health issues who are at greater risk of suicide.



Contributed by Mathew, age 16

Outcome 3: Awareness and Education

Social stigma is reduced and mental well-being is promoted through increased awareness, education and understanding so that youth and families are more likely to seek help related to suicide.

To achieve this, the Government of Alberta will:

- Support mental health initiatives that promote the importance of youth mental health and reduce the stigma of mental health issues, particularly as they relate to suicide including:
 - » Support the co-creation of First Nations and Métis youth suicide prevention graphic novels to provide an awareness resource that is reflective of the experiences of Indigenous youth.
 - » Increase support for HEADSTRONG Summits in schools and communities focusing on those youth populations that are at greater risk of suicide.
- Develop and implement evidence-informed public awareness campaigns that promote conversations about youth mental health and its connection to suicide; educate the public on how to help someone considering suicide; encourage those at risk to seek help; and reduce stigma associated with mental illness.



“The main way I try to help other youth is just by being there for them, letting them know I care, and that I am listening. I also try to research what sort of resources are available for them in the community.”

(youth voice)

- Promote media guidelines around responsible reporting of suicide, including using respectful terminology.

How communities and community partners can support these actions:

- Participate in and support traditional and social media campaigns to reduce stigma of mental illness and suicide.
- Participate in conversations about youth mental health and its connection to suicide, and become educated on strategies for helping someone considering suicide.
- Promote awareness of services and programs in the local community that target suicide prevention and supports for youth and families.
- Use community champions to speak about suicide and suicide prevention.
- Follow guidelines for responsible media reporting and monitoring of media reports.
- Use evidence-based strategies to reduce stigma and discrimination.

As a result, Albertans will see:

- Public information campaigns encouraging youth and their families to seek help when they have mental health concerns.
- Media reporting on suicide in respectful and helpful ways.



Contributed by Iliana, age 11

Outcome 4: Research, Data and Knowledge

Approaches supporting youth suicide prevention and the mental well-being of youth and families are continually improved through research, information sharing, data collection and knowledge mobilization.

To achieve this outcome, the Government of Alberta will:

- Share key information, data and research on youth suicide with stakeholder groups across the province to inform and improve youth suicide prevention approaches.
- Increase research partnerships to build a stronger evidence base that will inform youth suicide prevention practices and improve outcomes.



“We have a data gap on youth in general, as well as the specific youth populations that are being most impacted by suicide.”

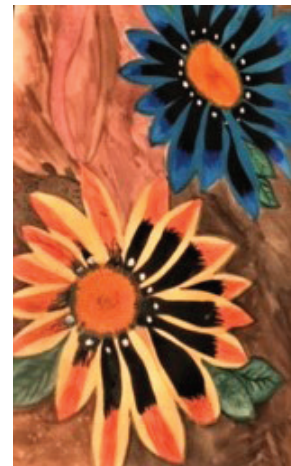
(service provider voice)

How communities and community partners can support these actions:

- Utilize relevant and timely data and research to inform local practices and services related to the prevention of youth suicide.
- Share information on the prevention of youth suicide with groups and leadership in the community, including religious and cultural organizations.
- Register suicides and suicide attempts to raise awareness of local rates and respond to community needs.

As a result, Albertans will see:

- Credible information on youth suicide prevention made widely available.
- Effective programs, services and supports related to the prevention of youth suicide available across the province, including Indigenous communities.



Contributed by Claire, age 16

Outcome 5: Reduce Access to Means of Suicide

Youth have less access to common means of suicide, giving individuals at risk more time to reconsider options and seek help.

To achieve this, the Government of Alberta will:

- Promote ways of reducing access to common means of suicide (e.g., jumping spots and poisons) in the physical environment by sharing information and evidence-informed practices with government, communities, private industry and non-profit agencies.



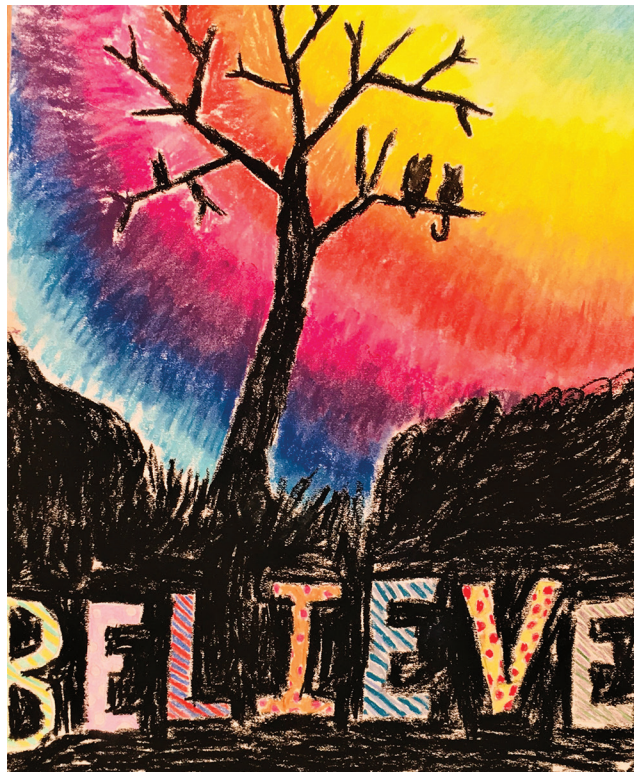
“Means restriction has the capability of directly responding to community trends.”

(service provider voice)

- Partner with the Government of Canada, private industry and capital planning groups within local governments and communities to explore the implementation of barriers and other mitigation strategies (e.g., signage) on buildings and other infrastructure (e.g., bridges) where people attempt suicide.

How communities and community partners can support these actions:

- Ensure physically safe spaces for youth are available and easily accessible in the community.
- Learn about ways communities can reduce access to common means of suicide in the physical environment.
- Explore the use of barriers and signage on community buildings and other infrastructure (e.g. bridges) where people attempt suicide.



Contributed by Grace, age 10

As a result, Albertans will see:

- Community agencies and organizations providing physically safe spaces for youth, particularly youth at greater risk of suicide.
- Barriers and signage on community buildings and other infrastructure (e.g., bridges) that discourage people from attempting suicide and provide encouragement and information about accessing community resources.
- Pharmacy and hardware store staff recognizing and effectively intervening if a youth is attempting to buy a product that could be used as a means of suicide.

Implementation Approach

During the development of this Plan, the impact, feasibility and high-level time frame for completing each of the identified actions was assessed. The next phases of implementation are identified in the table below:

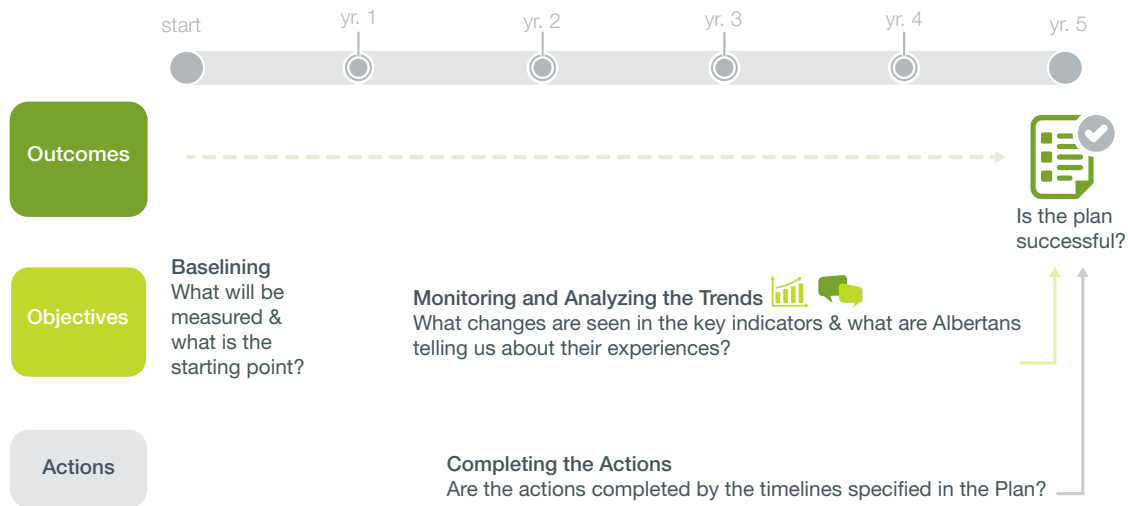
Phase	Description	Time Frame
1. Planning and resourcing	Developing implementation plan, including identification of resource requirements and specific timelines.	Year 1
2. Initial implementation (piloting and prototyping)	Implementing the actions – in some cases, actions will be piloted and evaluated before full implementation.	Years 1-5
3. Operationalization	Incorporating actions into everyday business.	Year 5 and beyond

Evaluating the Plan

Using evidence and knowledge-based practices to continuously inform, evaluate and improve ongoing initiatives is a core principle in this action plan for youth suicide prevention. Being outcomes driven supports a culture of knowing and learning and provides opportunities to adopt new ways of thinking, planning and doing.

Ongoing monitoring and evaluation will help us make the best decisions, improve strategies and determine whether we are achieving our desired goals and outcomes. The Government of Alberta is committed to a full review of the plan at the end of the five years to determine what next steps might be needed to build on what is working.

The following framework will be used to evaluate the effectiveness of the Plan:



With a complex and multi-faceted issue like youth suicide, numbers are not always available to measure what is needed nor can they always adequately communicate the experiences and needs of individuals and families seeking support. To address this, the evaluation framework collects both quantitative measures and qualitative data, including personal stories, that reflect the Alberta experience – as told by youth, families, community members and service delivery providers.

Collaborative Approach

Suicide prevention requires a concerted approach and coordinated efforts across all levels of government with service delivery partners, community-based partners and the business community.

Building Strength, Inspiring Hope was developed through a collaborative process that included inter-sectoral perspectives and approaches to youth suicide prevention. Guidance and support was provided by the Youth Suicide Prevention Task Group and the Youth Suicide Prevention Project Team (which also included youth and Elder representation). The Task Group and Project Team also included representatives from:

- Government of Alberta
 - » Advanced Education
 - » Children’s Services
 - » Community and Social Services
 - » Education
 - » Health
 - » Indigenous Relations
 - » Justice and Solicitor General
- Alberta Health Services
- Canadian Mental Health Association
- Centre for Suicide Prevention
- Government of Canada, First Nations and Inuit Health Branch
- Métis Child and Family Services Society
- Paul Band Health Centre
- PolicyWise for Children and Families

Valuing Mental Health

This Plan supports Action Item #15 in the *Valuing Mental Health: Next Steps* document, supporting the commitment to working with health and community partners to take clear, coordinated actions to improve the integration of care and make it easier for Albertans to access help when they need it. In Budget 2018, a total of \$87 million was budgeted toward addiction and mental health.

The Government of Alberta will coordinate implementation of this youth suicide prevention plan through the *Valuing Mental Health* implementation structure. For more information use the following link:
www.health.alberta.ca/initiatives/Mental-Health-Review.html



Contributed by Ava, age 8

Appendices

1. Stakeholder Engagement List

The development of the *Building Strength, Inspiring Hope: A Provincial Action Plan for Youth Suicide Prevention 2019-2024* was informed by input and feedback from stakeholders and Indigenous Peoples and communities from across the province. The Plan was developed through collective collaboration and coordinated engagement. The Task Group would like to acknowledge the contributions of the many organizations and individuals who participated in the engagement phase of the Plan development. We are appreciative of those who shared their personal experiences and expertise, including:

Community Stakeholders

- Aboriginal Friendship Centre of Calgary
- Alberta First Nations Information Governance Centre
- Advancing Futures Bursary Recipients
- Alberta Health Services
- Alberta Medical Association
- ALIGN Association of Community Services
- AltView Foundation
- Armoury Resource Centre
- Aspen Family and Community Network Society
- Betty Wedman (Inspired Living)
- Big Brothers Big Sisters
- Boyle Street Youth Unit
- Boys and Girls Club
- Calgary Outlink Centre for Gender and Sexual Diversity (Inside Out Youth Group)
- Canadian Mental Health Association
- CASA Child, Adolescent and Family Mental Health
- CASA Youth Council
- Centre for Suicide Prevention
- City of Edmonton Suicide Prevention Implementation Committee
- City of Medicine Hat Youth Council
- Community Clinic Services

- Community Mental Health Action Plan
- ConnecTeen
- Cool Aid Society
- Disability Services
- Distress Centre Calgary
- Dr. Amanda Newton, PhD, RN (University of Alberta, Faculty of Medicine and Dentistry)
- Dr. Andre Grace, PhD, MEd, BSc, BEd (University of Alberta, Faculty of Education)
- Dr. Angelique Jenney, PhD, MSW (University of Calgary, Faculty of Social Work)
- Dr. Ann Scott, PhD (Institute of Health Economics Suicide Prevention)
- Dr. Ian Colman, PhD (University of Ottawa, School of Epidemiology and Public Health)
- Dr. Keith Courtney, Psychiatrist
- Dr. Kris Wells, PhD (MacEwan University, Faculty of Health and Community Studies)
- Dr. Rebecca Haines-Saah, PhD (University of Calgary, Department of Community Health Sciences, Cumming School of Medicine)
- Edmonton Youth Justice Committee Society
- Elizabeth Fry Society
- Family Supports for Children with Disabilities
- Girls Inc. Fort McMurray
- Grande Prairie Suicide Prevention Resource Centre
- Healing Pathways Counselling
- Healthy Campus Alberta
- Heritage Family Services
- Hull Services
- iHuman Youth Society
- John Howard Society
- Jonathan Dubue, PhD Student, University of Alberta
- Lethbridge Family Services
- Living Works Education
- Mark Cherrington (Youth Worker, Youth Criminal Defense Office)
- McMan Youth Services
- Medicine Hat College
- Mental Health Commission of Canada
- Mental Health Commission Suicide Prevention Team

- Métis Nation of Alberta
- Métis Nation of Alberta Youth Council
- Metis Settlements General Council
- Metis Settlements General Council Health Board
- Miywasin Friendship Centre
- Multicultural Family Resource Society
- Multicultural Health Brokers
- Office of the Child and Youth Advocate (OCYA) Youth Panel
- Office of the Child and Youth Advocate (OCYA)
- OUTreach Southern Alberta
- PACE Grande Prairie
- Pembina Crisis Connection Society
- Red Deer Chamber of Commerce
- Regional Collaborative Service Delivery
- Regional Municipality of Wood Buffalo
- Some Other Solutions
- Sunrise House – Steps to Success Program
- The Alex Calgary
- The Landing
- The Pride Centre Edmonton
- Treaty Youth Symposium
- University of Alberta Suicide Prevention Strategy
- Valerie Furgason
- Vantage Community Services
- Wood's Homes
- YMCA Wood Buffalo
- Youth Community Supports Program
- Youth Empowerment and Support Services (YESS)
- Youth Restorative Action Project

Indigenous Youth Suicide Prevention Knowledge Keepers Advisory Group

- Alice Kaquitts (Elder)
- Cara Black Water
- Chad Besplug
- Claudine Louis
- Connie Calliou
- Gloria Laird (Elder)
- Jackie Rain
- Jo-Ann Saddleback (Elder)
- Lianne Mercredi
- Marilyn Willier
- Mike Sutherland
- Ramona Bighead
- Shalome Hope
- Stephan Bureau
- Thomas Mandrick Snow
- Tom Snow (Elder)
- Travis Plaited Hair (Elder)

Youth Consultation – Graphic Novel Development

- Métis Calgary Family Services
- Métis Nation of Alberta Youth Annual General Assembly
- Paddle Prairie Metis Settlement
- Beaver/Tallcree First Nations
- Cadotte Lake First Nation
- Peavine Metis Settlement
- Ponoka Health Services
- Samson Community Wellness

2. Stakeholder Feedback

“I think access to counselling is important and peer support is great as well. Having people your age to relate to and motivate you helps with motivation a lot.”

—(voiced by youth)

Albertans from across the province identified actions and programs related to suicide prevention that are currently active and effective. They also provide input on what they felt were the largest barriers to supporting youth, families, and communities. Between November 2017 and June 2018, more than 600 individuals across Alberta were consulted.

What We Heard from Albertans

Questions Posed During Engagement

Youth

- If you are struggling with your mental health, where would you go or who would you ask for help?
- What resources and supports would make the biggest difference for your own well-being or the well-being of your friends and/or family?



Indigenous Knowledge Keepers Advisory Council

- What types of supports and services do communities need to develop and implement a youth suicide prevention plan?
- How do we move forward to support communities?
- How do we capture the voice of youth, Elders, and communities?



Attempt and Loss Survivors

- What supports/resources have been helpful during times of crisis?
- What supports/resources have been helpful for your mental health and well-being, and build resiliency in yourself, your child and your family?



Service Delivery Organizations

- What are the biggest trends in mental health, substance use, and suicide that you are seeing?
- What are the current service gaps in youth suicide prevention? What are the biggest barriers to implementation?



Hearing from Indigenous Peoples, communities, youth, their families, service providers and those impacted by youth suicide was crucial in learning more about the needs of the youth, families, and communities and identifying what type of supports and services are needed for addressing youth suicide prevention.

During engagements, we heard that any new suicide prevention activities must:

- Involve youth in the development of supports and services
- Support the inclusion of Indigenous knowledge, culture and language
- Give communities the freedom to teach their youth what they think is important
- Support schools
- Focus on youth who are disproportionately affected by suicide
- Use a trauma-informed and harm-reduction approach
- Include peers and people with lived experience in the delivery of services
- Support youth, families and communities impacted by suicide
- Be strength-based
- Apply an intersectoral lens so different departments and organizations can work together more effectively
- Provide support at points of transition in a youth's life (e.g., aging out of care, discharge from hospital)
- Provide mental health training to youth, family members/caregivers and professionals

Trends in Mental Health

Stakeholders noted that mental health issues among youth are more severe than ever before, with depression and anxiety the most prominent concerns. They reported that self-harm, suicidal ideation and suicide attempts are all on the rise.

These assertions are in keeping with the Canadian Institute for Health Information, which reports that emergency department visits by children and youth from 5 to 24 seeking treatment for mental health issues or substance use (both indicators of suicide risk) rose 63 per cent and hospitalizations rose 67 per cent between 2006 and 2016.

Gaps and Barriers to Accessing Services

Leadership and coordination of the overall plan and its actions is needed to fully realize the potential of existing efforts and set new efforts up for success. Stakeholders identified the following gaps and barriers for youth accessing services and supports:

- Funding was identified as the largest barrier to providing consistent and ongoing services. In smaller centres serving both urban and rural communities, many organizations offer complementary and coordinated services but funding limitations mean organizations cannot always serve all those seeking help. Indigenous communities expressed concerns about the difficult funding application processes and the lack of consistency within Government of Alberta to access funds and providing reporting.

- Geographic location can contribute to gaps in service. There is a notable lack of supports and services in rural and remote locations, communities and settlements, especially for specialized services, such as child psychiatrists or youth mental health beds within emergency departments. Population distribution and distance from urban centres can cause barriers, as those in need may not have the financial capacity, time or means to access services outside their immediate community.
- Targeted services are not always available or accessible for all youth. While some programs have been adapted for youth sub-populations disproportionately impacted by suicide, there are still gaps in the availability of specialized services for youth, such as services for youth who identify as transgender. It was also noted that there was a lack of culturally relevant supports for Indigenous youth in urban centers.
- Youth transition points can be problematic. Youth transitioning between systems (e.g., released from custody) and age groups (e.g., programs that are limited to youth up to age 18) often find it challenging to access appropriate and timely services and, as a result, may not be able to access the supports they need.
- Family-focused services are essential. Individuals stressed the need for more suicide prevention efforts focused on families. There is a need to provide enhanced supports to young parents in order to strengthen parenting capacity and foster healthy relationships within family systems.
- Supports in schools need to be increased. The lack of consistent support around suicide prevention for youth, teachers, and wellness workers within the education system was highlighted.
- Supports for students outside of school are also needed. Several stakeholders mentioned that many of the youth who are at most risk of suicide do not attend school on a regular basis and so it is important to provide supports for these youth outside of the school system as well.
- Racism and discrimination can prevent youth and their families from accessing services. Often, individuals from Indigenous or other ethnic/cultural backgrounds do not receive the same level of access to supports and services as their non-Indigenous peers.
- Data and knowledge sharing between organizations and across systems (i.e., health, education, and local youth-serving agencies) is often a barrier to accessing timely and appropriate supports for youth. Indigenous Peoples noted that their knowledge is valued less than western knowledge.
- Stigma related to mental illness, suicide and asking for help remains. While there have been concerted efforts to increase suicide awareness and reduce stigma, there remains an overall stigma associated with talking about suicide and a lack of awareness of how to help or get help. Awareness often focuses on professional caregivers; however, community members and youth have an important role to play in stigma reduction and suicide prevention.

- Training for healthcare providers and other professionals working with youth is essential. Many stakeholders, especially youth, discussed the need for better training for healthcare professionals who work with youth. Current practices and policies around training for different professions in the province are inconsistent and largely dependent on the individual and/or the requirements of the organization they work for.
- Youth experiencing suicidal ideation have limited access to supports. A significant hurdle for young people with mental illness and suicidal behaviours is access to timely, effective and respectful mental health care. This is particularly true for youth presenting with thoughts of suicide without a clinical diagnosis or who are deemed to be “not at imminent risk.” Making mental health care easier to access will increase the likelihood of a successful intervention for that young person, before a crisis.

Summary of the engagement process

- The engagement process across Alberta occurred over four stages between November 2017 and June 2018. Engagement with Indigenous Peoples and communities is ongoing and will continue after the release of the Plan to ensure there is ongoing support to develop community-led youth suicide prevention plans.
- Approximately 600 individuals were engaged.
- These individuals included Elders, Knowledge Keepers, individuals from First Nations and Métis settlements, youth, subject matter experts, service delivery organizations and programs, committees with a mandate to address topics related to youth suicide prevention and/or mental health promotion, or attempt/loss survivors.
- Programs and organizations serving Indigenous youth, as well as Elders, Knowledge Keepers, and Indigenous youth provided feedback.

Stage 1

Objective:

- To obtain feedback on the proposed scope, principles and vision for the Plan based on literature review.

What We Heard:

- Principles and vision need to be grounded in the youth voices, needs and perspectives.
- Need to include the role of the family and community in supporting youth well-being.
- Youth are most likely to go to their peers and family for support.
- Support for the staged approach of engagement and identified stakeholders to be included.
- Indigenous communities need to lead the development of their own youth suicide prevention plan.

Stage 2

Objectives:

- Validate the principles, vision, and outcomes with identified stakeholders using a high-level conceptual model based on Stage 1 engagement.
- Understand what is working for communities across Alberta and what the biggest barriers are to providing support to youth and families in order to develop potential actions or enhance current actions to support the Plan.

What We Heard:

- Organizations and communities have not seen this level of acuity or severity before in the youth they serve.
- Relationship concerns for youth (e.g., peers, romantic relationships, family) have a significant impact on their well-being.
- Funding needs to be sustainable and ongoing.
- Early intervention is key. Prevention actions would have a wider impact and would support youth and families before more intensive services are needed.
- Having people with their own lived experience as a strategy for engaging youth in a non-clinical and non-threatening approach, as well as having people with lived experience participate in the decision-making process, program design and delivery would greatly enhance the effectiveness of a suicide prevention plan for youth.

Stage 3

Objectives:

- Validate actions that were created using a conceptual model based on feedback from Stage 2 engagement.
- Utilize feedback to develop new potential actions to support youth suicide prevention.

What We Heard:

- Need for the youth voice to be meaningfully involved in the development of the plan.
- Resiliency should be targeted at youth, communities, families and social systems.
- Value in actions that support the whole family, youth and community together and promote connectivity and relationships.
- Need to implement resources in remote and rural locations.
- Enhance support for actions that are currently working in communities.
- Focus on youth hubs, transition points and enhanced support for schools.

Stage 4

Objectives:

- Create proposed actions using feedback from Stage 3 engagement.
- Through focus groups, connect with new and existing individuals involved in the previous stages to validate and prioritize identified actions for potential implementation in the Plan.
- Seek feedback on the draft Table of Contents.

Feedback on the Overall Engagement Process

Individuals involved throughout the engagement process were sent a follow-up electronic survey to provide feedback on the engagement process. Forty-eight participants responded. There was a 4 per cent no response rate for the three questions below; notable observations from the survey included:

- Satisfaction with the way feedback was gathered to support development of the Plan:
 - » 74% satisfied; 22% neutral
- Satisfaction with the way feedback was considered and addressed:
 - » 64% satisfied; 30% neutral; 2% dissatisfied
- Overall satisfaction with the engagement process:
 - » 76% satisfied; 18% neutral; 2% dissatisfied

3. Youth Suicide Prevention Resources in Alberta

There are several resources available in Alberta that support suicide prevention and the well-being of children, youth and families.

Government of Alberta and Alberta Health Services Programs and Initiatives

- Alberta Health Services
 - » Community Helpers Program
www.albertahealthservices.ca/findhealth/Service.aspx?id=1073813
 - » Mental Health Capacity Building in Schools Initiative
www.albertahealthservices.ca/amh/page2754.aspx
 - » Provincial Suicide Prevention Community of Practice
www.albertahealthservices.ca/injprev/page4875.aspx
 - » Strategic Clinical Network Pilot Project
www.albertahealthservices.ca/scns/scn.aspx
 - » Trauma Informed Care
www.albertahealthservices.ca/info/page15526.aspx
- Alberta Education
 - » Regional Collaborative Service Delivery:
<https://education.alberta.ca/regional-collaborative-service-delivery/what-is-rcsd/>
 - » Safe and Caring Schools
<https://education.alberta.ca/safe-and-caring-schools/?searchMode=3>
- Alberta Health
 - » Valuing Mental Health
www.health.alberta.ca/initiatives/Mental-Health-Review.html
- Children's Services
 - » Parent Link Centres
www.alberta.ca/parent-link-centres.aspx
 - » Stronger, Safer Tomorrow
<https://open.alberta.ca/dataset/212cd3e9-c496-4ecd-b254-5bbe7b13aa7d/resource/7a7ab135-21e0-44aa-9112-e9a458a33103/download/stronger-safer-tomorrow-public-action-plan.pdf>

Community Resources

The following list of resources was identified by stakeholders during engagement and development of this Plan. This list is not exhaustive and may only be available in certain communities across the province. The resources are separated into four categories: youth distress lines, additional information and training, priority youth populations, and all youth and families.

Youth Distress Lines

- **Canadian Mental Health Association Edmonton**
Phone: 780-482-4357
Toll-free: 1-800-232-7288
Online chat:
<https://edmonton.cmha.ca/programs-services/online-crisis-chat/>
- **Canadian Mental Health Association South Region**
Phone: 403-327-7905
Toll-free: 1-888-787-2880
- **Distress Centre Calgary - ConnecTeen**
Phone: 403-264-8336
Online chat: www.calgaryconnecteen.com
Text: 587-333-2724
Email: connecteen@distresscentre.com
- **First Nations and Inuit Hope for Wellness Help Line**
Phone: 1-855-242-3310
Online chat: www.hopeforwellness.ca
- **Kids Help Phone**
Phone: 1-800-668-6868
Online chat: <https://kidshelpphone.ca/live-chat>
Text: Text "CONNECT" to 686868
App: Download the **Always There** app to your iOS or Android device

Additional Information and Training

- 211 Alberta
www.ab.211.ca/
- Alberta Family Wellness Initiative
www.albertafamilywellness.org/
- Brain Story Certification
www.albertafamilywellness.org/training

- Centre for Suicide Prevention
www.suicideinfo.ca/
- Counselling on Access to Lethal Means (CALM)
www.sprc.org/resources-programs/calm-counseling-access-lethal-means
- Grande Prairie Suicide Prevention Resource Centre
www.sp-rc.ca/
- Healthy Campus Alberta
www.healthycampusalberta.ca/
- Lethbridge Family Services Suicide Intervention Training
www.lfsfamily.ca/counselling_outreach/suicide_intervention.php
- LivingWorks Education
www.livingworks.net/
- Mental Health Commission of Canada: HEADSTRONG
www.mentalhealthcommission.ca/English/resources/training/headstrong
- Mental Health First Aid
www.mhfa.ca/en/home
- Pembina Crisis Connection Society
www.draytonvalley.ca/pembina-crisis-connection-society/
- Question, Persuade, and Refer (QPR)
www.qprinstitute.com/
- Suicide Information and Education Services
<http://suicidehelp.ca>
- Supportive Parents for LGBTQ2S+ Youth
www.supportiveparents.ca/
- The Columbia Lighthouse Project - Suicide Risk Assessment Tool
<http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>

Priority Youth Populations

- Alberta Native Friendship Centres
<http://anfca.com/#>
- AltView Foundation
www.altview.ca/
- Armoury Resource Centre
<https://yess.org/need-help/our-programs/>

- Boyle Street Youth Unit
<http://boylestreet.org/we-can-help/youth-and-family-support/youth-services/>
- Calgary Outlink Centre for Gender and Sexual Diversity (Inside Out Youth Group)
www.calgaryoutlink.ca/
- Elizabeth Fry Society
www.efryedmonton.ab.ca/
- Hull Services
www.hullservices.ca/
- iHuman Youth Society
<http://ihumanyouthsociety.org/>
- John Howard Society
<http://johnhoward.ca/>
- McMan Youth Services
www.mcman.ca/
- Métis Nation of Alberta – Children & Families
<http://albertametis.com/programs-services/children-youth/>
- Multicultural Family Resource Society
www.mfrsedmonton.org/
- Multicultural Health Brokers
<http://mchb.org>
- Office of the Child and Youth Advocate
www.ocya.alberta.ca
- OUTreach Southern Alberta
www.outreachsa.ca/
- PACE Grande Prairie
<http://pacecentre.com/>
- SOGI 123
www.sogieducation.org/
- Sunrise House – Steps to Success Program
www.sunrisehouse.ca/
- The Landing
www.thelandingualberta.ca/

- The Pride Centre Edmonton
www.pridecentreofedmonton.ca/
- Vantage Community Services
www.vantagecommunityservices.ca/
- Wood's Homes
www.woodshomes.ca/
- Youth Empowerment and Support Services (YESS)
<https://yess.org/>
- Youth Restorative Action Project (YRAP)
www.yrap.org/

All Youth and Families

- ACCESS Open Minds
<http://accessopenminds.ca/>
- ALIGN Association of Community Services
www.alignab.ca/
- Big Brothers Big Sisters
<https://bgcbigs.ca/>
- Boys and Girls Club
www.bgccan.com/en/
- CASA Child, Adolescent and Family Mental Health
www.casaservices.org/
- Canadian Mental Health Association Recovery College
www.recoverycollegecalgary.ca/
- ConnecTeen
<http://calgaryconnecteen.com/>
- Cool Aid Society
www.coolaidsociety.com/
- Discovery College
www.recoverycollegecalgary.ca/course-category/discovery-college/
- Drop-in Single Session Counselling Edmonton
www.dropinyeg.ca/home/
- Girls Inc. Fort McMurray
<https://girlsinc.org/>

- Lethbridge Family Services
www.lfsfamily.ca/
- Sage Centre Child & Family Grief Services
www.hospicecalgary.ca/content/sage-centre-child-family-grief-services
- Some Other Solutions
<https://someothersolutions.ca/>
- The Alex Calgary
<http://www.thealex.ca/>
- The Breakfast Club
<https://www.sp-rc.ca/breakfast-club>

References

- Alberta Health, Government of Alberta. (June 2017). Valuing mental health: Next steps. Retrieved from: <https://open.alberta.ca/dataset/25812976-049c-43c9-9494-77526c6f6ddd/resource/684600a3-a0ea-440c-a053-38a4cef83de9/download/Alberta-Mental-Health-Review-Next-Steps-2017.pdf>
- Centre for Suicide Prevention. (2013). Indigenous suicide prevention. Cerel, J., Brown, M., Maple, M., Singleton, M., van deVenne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*. DOI: 10.1111/sltb.12450. Retrieved from: <https://www.suicideinfo.ca/resource/indigenous-suicide-prevention/>
- Cerel, J., Brown, M., Maple, M., Singleton, M., van deVenne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*. DOI: 10.1111/sltb.12450
- Children's Services, Government of Alberta. (June 2018). A stronger, safer tomorrow: A public action plan for the ministerial panel on child intervention's final recommendations. Retrieved from: <https://open.alberta.ca/dataset/212cd3e9-c496-4ecd-b254-5bbe7b13aa7d/resource/7a7ab135-21e0-44aa-9112-e9a458a33103/download/stronger-safer-tomorrow-public-action-plan.pdf>
- FrameWorks Institute. (2018, September 26). Supporting adolescents means reframing adolescence [E-mail].
- Government of Canada. (n.d.). Suicide prevention framework: Annex: B: Suicide risk and protective factors. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html#a10>
- Mental Health Commission of Canada. (September 2014). Suicide prevention: a national and global priority. Retrieved from: <https://www.commissionsantementale.ca/English/catalyst-sept-2014-suicide-prevention>
- Office of the Child and Youth Advocate Alberta [OCYA]. (March 2016). Toward a better tomorrow: Addressing the challenge of aboriginal youth suicide. Retrieved from: http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf
- Public Health Agency of Canada (2016). Suicide in Canada. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/2016-progress-report-federal-framework-suicide-prevention.html>
- Thira, D. (2014). Aboriginal youth suicide prevention: A post-colonial community-based approach. *International Journal of Child, Youth and Family Studies* 5(1):163

Together to Live (2016). Risk and protective factors. Retrieved from:
<http://www.togethertolive.ca/risk-and-protective-factors>

World Health Organization [WHO]. (n.d.). Suicide Data. Retrieved from:
http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Zenere, F. (2009). Suicide clusters and contagion. *Principal Leadership*, 10(2), 12-16. The actions of this Plan exist in the larger context of addiction and mental health.

