

# The Building Blocks of Hope



A Suicide Prevention Strategy for  
Prince Edward Island



2018



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# A Suicide Prevention Strategy for Prince Edward Island

In 2017 the Province of Prince Edward Island partnered with the Canadian Mental Health Association - PEI Division to develop a Provincial Suicide Prevention Strategy. The following year was spent exploring research, best practices, and hearing from Islanders about what needs to be done to address the issue of suicide on Prince Edward Island.

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It became evident through the development of the strategy, that to be effective, there is a need to focus on increasing hope and reducing the hopelessness that is experienced both on a personal and societal level. Pain and loss are universal human experiences and when they are disregarded, bandaged, or buried, these experiences create hopelessness, which can lead to suicidality. Conversely, by hearing, helping, and healing these experiences, hope is built and leads to surviving, thriving, and resiliency. The following

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strategy explores suicide through the lens of hopelessness as a conduit for building hope in Island communities. It combines international, national, and local evidenced-based recommendations to create a plan that will contribute to a suicide-safer, more hopeful Island for everyone. This document will describe suicide in the context of hopelessness, explain the building blocks of hope, and then focus on specific action items that will lead to a suicide-safer Prince Edward Island.



**Hearing, Helping, and  
Healing from pain and loss  
can build hope**



## HOW WE GOT HERE

The Suicide Prevention Strategy Team was balanced for research & policy, local expertise, and community capacity, and each member is a trained facilitator in a variety of suicide prevention and intervention courses.

The initial phase of the development involved an extensive review of the academic literature related to suicidality at the local, national, and international level. The team also met with individuals involved in the development of other provincial suicide prevention strategies, including New Brunswick, to understand the local approach chosen in their jurisdictions. National and international approaches to suicide prevention were also explored from organizations including the Mental Health Commission, the World Health Organization, the Canadian Association for Suicide Prevention, the Assembly of First Nations, the European Alliance Against Depression, and the Canadian Armed Forces. From here, a number of foundational reports

were chosen and drawn upon to develop a list of best practices in suicide prevention. These included:

- Working Together to Prevent Suicide in Canada: The Federal Framework for Suicide Prevention (2016)
- Suicide and Mental Health in Prince Edward Island (2013)
- Preventing Suicide: A global imperative (2014)
- Working Together to Prevent Suicide in Canada: The 2016 Progress Report on the Federal Framework for Suicide Prevention (2016)
- Mental Health and Addiction Strategy 2016-2016: Prince Edward Island (2016)
- European Alliance Against Depression (2008)

**This document will describe suicide in the context of hopelessness, explain the building blocks of hope, and then focus on specific action items that will lead to a suicide-safer Prince Edward Island.**



Each member of the team compiled lists of relevant recommendations put forward in the reports. These lists were triangulated and organized under the eleven areas recommended by the World Health Organization's Preventing Suicide: A Global Imperative (2014) as follows:

**MEDIA:** Promote the implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media

**STIGMA REDUCTION:** Promote the use of mental health services, and services for the prevention of substance abuse and suicide, while reducing discrimination against people using these services

**MEANS RESTRICTION:** Reduce the availability, accessibility, and attractiveness of the means to suicide and reduce the toxicity/ lethality of available means

**SURVEILLANCE:** Increase the quality and timeliness of national and provincial data on suicide and suicide attempts. Support the establishment of an integrated data collection system which serves to identify vulnerable groups, individuals, and situations

**SUICIDE AWARENESS:** Establish public information campaigns to support the understanding that suicides are preventable and increase public and professional access to information about all aspects of preventing suicidal behaviour

**TRAINING & EDUCATION:** Maintain comprehensive training programs for identified gatekeepers (e.g. health workers, educators, police) and improve the competencies of mental health and primary care providers in the recognition and treatment of vulnerable persons

**ACCESS TO SERVICES:** Promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care

**TREATMENT:** Improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt and improve research and evaluation of effective interventions

**CRISIS INTERVENTION:** Ensure that communities have the capacity to respond to crises with appropriate interventions and that individuals in a crisis situation have access to emergency mental health care and support in a variety of means

**COORDINATION & OVERSIGHT:** Establish institutions or agencies to promote and coordinate research, training and service delivery in respect to suicidal behaviours and strengthen the health and social systems response to suicidal behaviours

**POSTVENTION:** Improve response to, and caring for, those affected by suicide and suicide attempts and provide supportive and rehabilitative services to persons affected by suicide attempts



**Fifteen engagement sessions took place for groups with lived experience as well as front line staff and service providers**

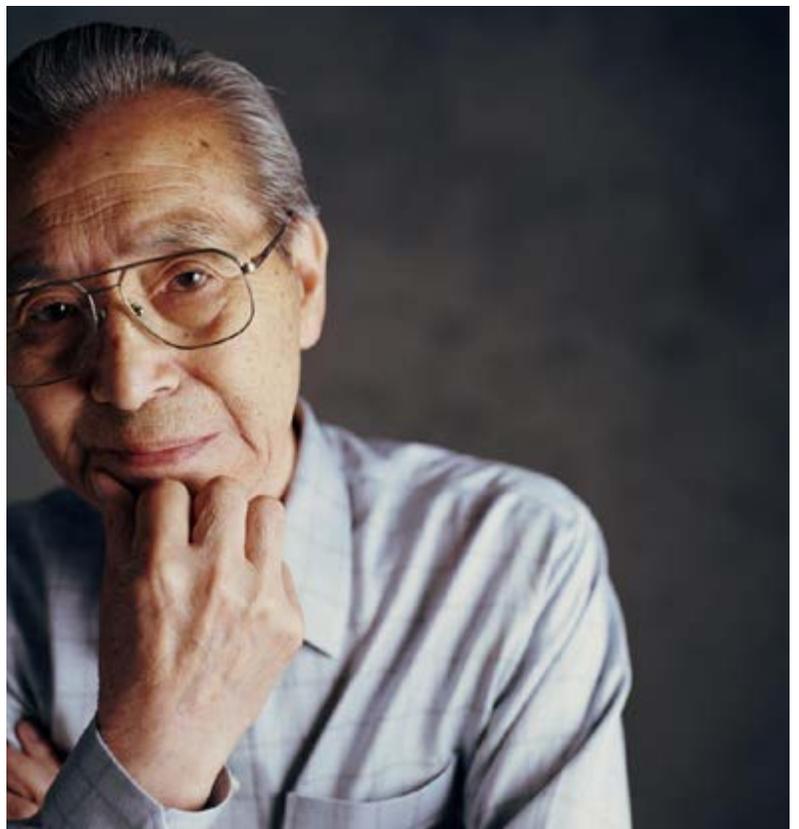
Once the team had identified the best practice recommendations, they explored them within the Prince Edward Island context and met with a variety of stakeholders to understand what is happening within the province as it relates to suicide and suicidality. These stakeholders included the Provincial Coroner, Emergency Inpatient Mental Health, Community Mental Health, Addictions, the Native Council of PEI, Elders and staff from Abegweit First Nations, PEERS Alliance, Justice and Public



**The team met with a variety of stakeholders to understand what is happening within the province**

## within the Prince Edward Island context and met with a variety of stakeholders to understand what is happening

Safety, and community counselors. With the feedback generated from these meetings the team then reviewed each recommendation, mapped the pathway for individuals experiencing suicidality, and made note of both the specific areas that required more exploration and the recommendations that were consistent among the stakeholders. This process happened over a three-month period at the end of 2017.



**The team reviewed each recommendation and mapped the pathway for individuals experiencing suicidality**



... a decision was made to take an interest group approach that considered the risk factors rather than a demographic approach

## LISTENING TO ISLANDERS

# Community Engagement & Consultations

There is a lack of specific suicide data for Prince Edward Island and as such, it was challenging to determine which groups are at higher risk in the province.

Therefore, the team researched the most prevalent risk factors for suicidality to help inform the consultation process. These risk factors include mental and physical health conditions, substance abuse, access to lethal means, prolonged stress and stressful life events, exposure to suicide, previous suicide attempts, family history of suicide, and trauma<sup>1</sup>. For reasons of safety, selection, and familiarity with suicide, a decision was made to take an interest group approach that considered the risk factors rather than a demographic approach to the consultations with certainty that the demographic groups at higher risk (namely men and seniors) would be represented in these interest groups.

### Community representatives and groups that were consulted were:

- LGBTQ++
- Individuals living with a mental illness
- Families impacted by suicide loss
- Individuals living with addictions
- Indigenous persons living off reserve
- Abegweit First Nations
- Lennox Island

### Service Providers that were consulted included:

- Emergency Room Staff
- Addictions Staff
- Community Mental Health Staff (Island Wide)
- Unit 9 & Hillsborough Hospital
- Inpatient Mental Health at Prince County
- Community Counselors (including schools, community agencies, universities and public health nurses.
- Staff working with Newcomers



After extensive exploration into best practices for community consultations the team reached out to leaders in each group to recruit participants. Specific safety instructions were provided including ensuring support during and after the consultations as well as a request for diverse representation. The consultations included community members from all three counties and ran approximately two and a half hours with an average of eight to ten participants.

**... recognizing the specific needs of the Indigenous communities in PEI, we worked closely with leaders and Elders**

These consultations were conducted over a three-month period beginning in early 2018. Each consultation was audio recorded and for the purpose of confidentiality, the team did not identify participants by name and did not keep a list of who was in attendance. Also, recognizing the specific needs of the Indigenous communities in PEI, we worked closely with leaders and Elders to ensure a culturally appropriate and respectful process that included traditional practices such as smudging, drumming and prayer.

## DEVELOPING THE STRATEGY

Once the consultations were complete, the team listened to the audio recordings again with consideration being made to the identified best practice recommendations. Through extensive team meetings and brainstorming sessions the recommendations were organized and the result was the development of a model based on the building blocks of hope; Hear, Help, and Heal. Throughout developing the model, we referred back to the research to ensure that our findings were still aligned with the local, national, and international research. The following is the culmination of the research, the work and the voices of Islanders.



**Throughout developing the model, we ensure that our findings were aligned with the local, national, and international research**



# SUICIDE AND HOPE

According to the Canadian Association for Suicide Prevention, suicide claims the lives of approximately eleven people each day in Canada or around 330 individuals monthly<sup>2</sup>.



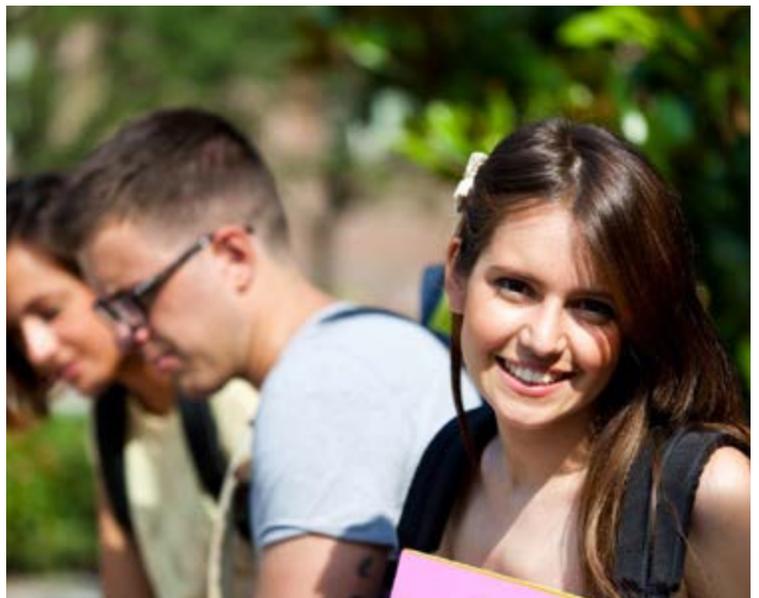
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In Prince Edward Island, the ten-year average of suicides annually is approximately fifteen, while the rates of suicides per 100,000 are about 10.7 suicide deaths annually<sup>3</sup> as compared to the Canadian rate of about 12.34<sup>4</sup>. Although the suicide rates in PEI are below the national average, the size of the province and the close-knit Island communities can make the impact of suicide intensely personal. When considering suicide as a public health problem, much attention is given to suicide completion rates, yet research suggests that it is not the only concern. Suicidal ideation, or that is thoughts of suicide, is an indicator of high levels of distress and is “an initial step in the trajectory towards making concrete plans about suicide, and then, finally, to death by suicide”<sup>5</sup>. Therefore, it is imperative we consider suicide ideation and behaviours to be as concerning as completed suicides when developing a provincial strategy. Suicide attempts and ideation are difficult to track, but data provided by the department of Justice and Public Safety for 2016 shows that provincial calls to 911 indicate high numbers of people reaching out to emergency services flagging suicidality as the reason for the call.

One thing that is clear through the work of this strategy is that there are common themes that have emerged when delving into suicide on PEI; all people need hope, and without hope, pain and loss can take a costly toll. These findings are not novel, but the work of the strategy has demonstrated their relevance in the Prince Edward Island context. Researchers also note, “that various non-mental disorder events have had the capacity to trigger suicide. These events include painful life experiences such as loss of a loved one, shame, guilt and physical pain. If we are to prevent suicide, our culture must discourage this response and strongly recommend other response options to those who suffer such experiences”<sup>6</sup>. The focus must be on instilling hope and challenging those factors that lead to hopelessness. Evidence suggests that hopelessness is linked to a reduction in all aspects of an individual’s health and an increase in suicidal thoughts<sup>7</sup>. It is also shown to heighten the probability of suicide in individuals suffering with mental health problems and as such “the focus on reducing the impact of psychiatric symptoms on suicidality should be combined with an allied focus on ameliorating feelings and perceptions of hopelessness”<sup>6</sup>. Hope must be a central focus in working to prevent suicide. Snyder’s Hope Theory suggests that feelings of being blocked, stuck and hopeless can be the stimulus for suicidal ideation. According to our consultations, hopelessness is being alone, not having effective options to move forward, being ignored or forgotten, and being unable to make change. Synder suggests that<sup>7</sup> therefore, hope must be a central focus when working to prevent suicide.

...various non-mental disorder events have had the capacity to trigger suicide

Although the suicide rates in PEI are below the national average, **the size of the province and the close-knit Island communities can make the impact of suicide intensely personal.**



The focus must be on instilling hope and challenging those factors that lead to hopelessness



# A Model for Building Hope

In order to protect against hopelessness, there must be a focus on building hope both for individuals and for communities.

Islanders who contributed to the Strategy described hope as “having options”, “seeing possibilities for the future”, “having the belief that things can change”, “knowing I’m not alone” and that “success is possible”. Hope involves being “unstuck” and finding acceptance, freedom, and support. It leads to recovery by means of agency and pathways; agency is when there is belief that a goal can be achieved and pathways reflects the ability to find a way or ways to reach that goal. Suicide-safer communities are those who work to intentionally build hope and this depends upon the willingness of Islanders to take care of each other by leaning into the shared experience of pain and loss to find a more hopeful way forward. It is hope that defies the hopelessness that can lead to suicidality. Based on consultations with Islanders

and research across the world, three key factors to build hope and encourage a suicide-safer Prince Edward Island have been identified: Hearing, Helping, and Healing.

By equipping communities and individuals to HEAR the pain, loss, and needs of people, the stigma associated with suicide will be reduced, experiences of hopelessness will be normalized, and individuals will feel less isolated. To HEAR, people must be connected by space and stories and have places and people to trust where time and processes are not barriers. To HEAR, people must be aware of the impact of pain and loss and understand what those experiences mean and how they can leave someone feeling hopeless. And finally, to HEAR, people need to be comfortable and prepared to

explore the possibility of suicide. This involves knowing how to ask appropriate questions, as well as knowing how to connect people to the appropriate help that they require.

Having access to HELP when pain and loss become overwhelming can prevent the progression of suicidality and replace them with hope for recovery and well-being. Further, it builds trust within the community to know that HELP is available. To HELP there must be accessible, timely, appropriate, and compassionate care and services that are available in all areas of the Island and in designs that are readily accessible and responsive to the needs of the Island’s increasingly diverse communities.

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**Hope involves being “unstuck” and finding acceptance, freedom, and support**

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Options to HEAL from pain and loss should address the root causes of suicidality. Healing from suicide ideation goes beyond establishing safety by addressing the foundations of hopelessness. To HEAL, individuals must have an array of available

treatment options, supports, and resources to address pain and loss. These treatment options must include addressing past trauma, addictions, complicated grief, and mental health and providers must be effectively trained in treatment delivery. All treatment options and supports must be client-centered, given adequate treatment-specific time, and should meet the unique culturally and socially contextual needs of the individual as negative life events, including neglect, abuse, and loss, are evidenced to contribute to diminished hope.

Hearing, helping, and healing, can challenge the experiences of hopelessness that people struggling with suicidality face to in turn create hope and foster resiliency. These three fundamental components of hope are interconnected and will not prove effective in isolation. Without hearing about hopelessness, there can be no helping or healing. Without helping those dealing with hopelessness, there is no safety in offers to hear or heal. And if there is no place for healing, those who are heard and helped will not fully realize hope. For these reasons, suicide-safer communities must invest energy and resources into developing all three areas equally and concurrently.

# THE MODELS

The following models demonstrate two methods of responding to pain and loss.

The model of hopelessness demonstrates that when we respond to pain and loss by disregarding the experience, bandaging the symptoms, and hiding from the root causes, we create spaces for hopelessness to grow. Hopelessness leads to distress, desperation, and increased risk of suicide.



Alternatively, the model of hope demonstrates that when we respond to pain and loss by hearing the experience, helping to care for the symptoms, and healing from the root causes, we create spaces for hope to flourish. Hope leads to surviving, thriving, and resiliency.



In both models, the three actions are interdependent: they can't exist without the others. Similar to how experiences with pain are rarely linear, the actions move back and forth and are dependent upon one another.



**The social determinants of health play a defining role in an individual's overall wellness and quality of life.**

# SOCIAL DETERMINANTS OF HEALTH

Efforts to prevent suicide are the responsibility of all Islanders and all aspects of life should be regarded as contributing to hope or to hopelessness.

As we explore the many ways we can work to prevent suicide in Prince Edward Island, it is important to remember that suicide is a public health issue and therefore addressing it must be approached as such. Efforts to prevent suicide are the responsibility of all Islanders and all aspects of life should be regarded as contributing to hope or to hopelessness. The social determinants of health play a defining role in an individual's overall wellness and quality of life. According to the government of Canada, these include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy

child development; gender; and culture<sup>8</sup>. The ability to be heard, helped, and healed is impacted by our social determinants and the ways in which we relate to them. It is imperative that the implementation of any suicide prevention strategy is done with strong consideration paid to recognizing and addressing the disparities within the social

determinants of health across the province. The success of this strategy will be only be realized when all departments and levels of government, all community groups and organizations, and all individuals recognize their role to play in hearing, helping, and healing the hopelessness that leads to suicide.



**Suicide is a public health issue and therefore addressing it must be approached as such**

# HEAR

The goal of hearing as a component of building hope is to strengthen the connections within communities and to equip people to recognize and respond to hopelessness and suicide. The following action items meet this goal by creating safe spaces, reducing stigma in communities, and by monitoring and understanding suicide in PEI.

## CREATING SAFE SPACES

works to provide Islanders with spaces they where they can share and receive safe messaging about suicide and mental wellbeing in supportive environments.

- Educate media channels and promote the suicide reporting guidelines for safe suicide messaging in all forms of media
- In suicide prevention, a *gatekeeper* is anyone who is strategically positioned to recognize and refer someone at risk of suicide. Work with communities to identify and train their own gatekeepers in intervention programs such as *Applied Suicide Intervention Skills Training (ASIST)* or *Feather Carriers*
- Offer psycho-social education and resiliency training to first responders such as *Resilient Minds* within the fire service community which includes specific content on responding with respect
- Expand evidence based social-emotional learning programs throughout the education system such as *Handle with Care*, *Pathways*, and *The Art of Friendship* to specifically target transition points in development
- Modernize policies pertaining to harassment and bullying within schools, colleges and universities
- Provide support for vulnerable communities and groups to meet and share their experiences together
- Resource an independent mental health advocate or ombudsman to help individuals navigate the mental health system and to also advocate on their behalf when required
- Reduce availability, accessibility, and attractiveness of means through erecting bridge barriers on the Hillsborough Bridge and including signage and/or helpline phones at other sites (i.e. North River Causeway). Educate and build awareness around firearms safety and storage
- Continue to support and invest in community organizations that create group specific safe spaces in order to bolster belonging within community

## REDUCING STIGMA IN COMMUNITIES

helps to break down the barriers associated with help seeking behaviours and fosters recognition of the universality of hope and hopelessness.

- Provide ongoing promotion of the Island Helpline branded materials within the community and among service providers and explore alternative mediums for reaching out such as text or online chat supports
- Use media channels to promote positive mental health, good news stories and help seeking behaviours
- Continue to support school based education on suicide such as *Signals of Suicide* (SOS)
- Provide training opportunities at the community level on the signs and supports for suicide such as *safeTALK*
- Ensure the mobilization and translation of knowledge pertaining to mental health, suicidality, addictions, trauma, and complicated grief to all clinicians
- Resource a position to collect, analyze and monitor suicide related data to inform suicide related recommendations and interventions for Prince Edward Island and to contribute to the implementation of the strategy
- Mandate training to increase empathy, respect, and inclusion, to any civil service staff providing human service
- Continue to support and promote parenting programs such as *Triple P* and *CRAFT*
- Promote and support help-seeking behaviours in men and seniors

## MONITORING AND UNDERSTANDING SUICIDE IN PEI

will help to inform current and future suicide prevention efforts specific to the PEI context.

- Integrate data from 911, *The Island Helpline*, medical record information, and the Coroner's reports to ensure effective tracking of provincial suicides, attempts, and ideation
- Ensure timely sharing of the above-mentioned suicide data between government organizations, relevant community partners and other stakeholders so as to prevent clusters or contagion effect
- Improve collaboration between pathology and the Coroner's office to enable rapid tracking of suicide deaths and accurate annual reporting
- Overhaul ISM and ensure all data management software is cross compatible and accessible to all service providers
- Adopt the *Recommended Data Elements for Coroners' Reports* from the 2013 Suicide and Mental Health in Prince Edward Island report<sup>9</sup>
- Implement a computerized, electronic health records in Prince Edward Island to ensure the proper monitoring and transitioning of patients

# HELP

The goal of helping is to ensure all Islanders have appropriate and timely supports and services to address their needs. The following action items meet this goal by increasing access points for care, equipping staff to use person-centered approaches, and supporting an individual's *Circle of Care*. *Circle of Care* is a term commonly used to refer to information sharing practices between all health care providers (HCPs) who are part of an individual's health care team. The *circle of care* includes HCPs involved in the delivery of health care to the individual. Members of an individual's *circle of care* may be identified by the individual and can also include friends, family, private counselors and community organization representatives.

## INCREASING ACCESS POINTS FOR CARE

will help facilitate timely access to a variety of services for Islanders struggling with suicidality.

- Mandate the development of a *Circle of Care* plan upon first point of contact with the formal system. This conception of a *Circle of Care* is determined by the individual and provides health care practitioners, family members, friends and community service providers access to health information so as to support treatment and recovery
- Ensure comprehensive promotion of helping resources available on PEI by providing helping information in a variety of languages, literacy levels, and formats
- Explore and adopt a formalized peer support model to connect with individuals who are coping with suicide ideation at various stages of need including community, emergency, and acute care
- Explore and provide alternatives to the ER during times of crisis such as mobile crisis units and peer support.
- Provide alternatives to inpatient/ hospital treatment such as adult day treatment, therapeutic group homes, clubhouses, crisis housing for acute mental health issues, and rural drop-in centers
- Mandate safety planning for those who present at the ER as suicidal but are not admitted. This must be done in collaboration with the individuals' *Circle of Care* and include a follow up check-in from a peer support worker 24 to 48 hours later
- Overhaul safe rooms in the ER for people with suicidal ideation and create humane spaces supported by peer support workers
- Increase the crisis response worker complement in ER to provide 24/7 support
- Structure information gathering at points of contact to eliminate the repetition of story sharing and risk of re-traumatization
- Recognize and invest in community organizations as key specialized access points for the broader community

**SUPPORTING AN  
INDIVIDUAL'S CIRCLE  
OF CARE**

will help to ensure comprehensive support networks, as determined by the individual, are kept informed and equipped to provide appropriate, ongoing help.

- Provide broad based education and awareness around the *Health Information Act* as it relates to a person's *Circle of Care* when receiving services for suicidality, mental health, and addictions
- Develop and make readily available, comprehensive information on suicidality for families
- Identify and ensure professional help for a community gatekeeper referral

- Standardize processes to ensure support is provided to families after a suicide loss or an accidental or premature death. These can include information cards provided by first responders, a phone call one to two weeks following the suicide, and counseling options regarding complicated grief
- Include family and friends in collaborative treatment teams throughout the process of responding to a suicide attempt or suicide ideation

**EQUIPPING  
STAFF TO UTILIZE  
PERSON-CENTERED  
APPROACHES**

will help to ensure the individual's needs are identified and considered as they move along the pathway of care.

- Identify and offer appropriate training for General Practitioners (GPs) and primary care staff in addressing suicidality and facilitating safety and treatment

- Ensure responsive, timely follow-up for referrals made by GPs and primary care staff dealing with patient suicidality
- Make *ASIST* a mandatory training for any staff working within mental health and addictions
- Make *safeTALK* a mandatory training for any service provider within government who has contact with individuals and/or the public
- Mandate *Mental Health First Aid* and *safeTALK* training for security personnel working within emergency or acute care
- Ensure access and consistent use of a standardized suicide assessment tool across transition points of care
- Expand the use of the person-centered *Safety Tool* from Hillsborough Hospital as an approach to safety planning and suicide intervention across acute care

# HEAL

The goal of healing is to provide awareness and tools to heal from the root causes of suicidality. The following action items meet this goal by treating the complexity of suicide, supporting staff, and ensuring holistic case management.

## TREATING THE COMPLEXITY OF SUICIDE

will help to address the roots causes that may bring someone to hopelessness and suicide.

- Train addictions staff to assess, care, and treat client suicidality within provincial addictions facilities
- Integrate mental health and addictions in both treatment approaches and physical locations
- Provide appropriate training for staff who work with individuals with ongoing suicidality, such as *suicide2hope*, *Skills for Safer Living*
- Encourage and incorporate cultural practice and ceremony into treatment, both acute and within the community
- Provide psycho-education pertaining to trauma and complicated grief for families and friends who have lost someone to suicide by continuing to support and expanding the *Life After Suicide Loss Program (LASL)* and the side-by-side LASL support group for those impacted by suicide loss
- Provide and enhance specialized counseling support for complicated grief, trauma, and addictions, examples include but are not limited to PEI Rape and Sexual Assault Centre, Catholic Family Services and PEI Family Violence Prevention Services.
- Continue to recognize, support, and invest in community organizations with expertise in healing individuals with unique and complex needs



**Ensure proper training, staff resourcing, and support to deliver specialized treatment**

**SUPPORTING STAFF** is foundational for maintaining effective, meaningful care for individuals dealing with suicidality.

- Ensure proper training, staff resourcing, and support to deliver specialized treatment including Dialectical Behavioural Therapy, Cognitive Behavioural Therapy, Trauma Specific Practice, and Addictions Counseling. Guarantee these treatments modalities are delivered according to best practice and fidelities
- Create communities of practice to protect and support the mental health of care providers
- Entrust mental health staff with their own caseload management including appointments and scheduling
- Support and provide opportunities for staff to specialize in areas of care that are of interest for them such as suicidality and trauma and complicated grief and addictions.
- Provide a provincially resourced Critical Incident Stress Management (CISM) coordinator to oversee all aspects of critical incident stress management including training, debriefing and education.
- Match the training, specialization, and scope of practice of professionals with the needs of the client



**Supporting Staff is foundational for maintaining effective, meaningful care**

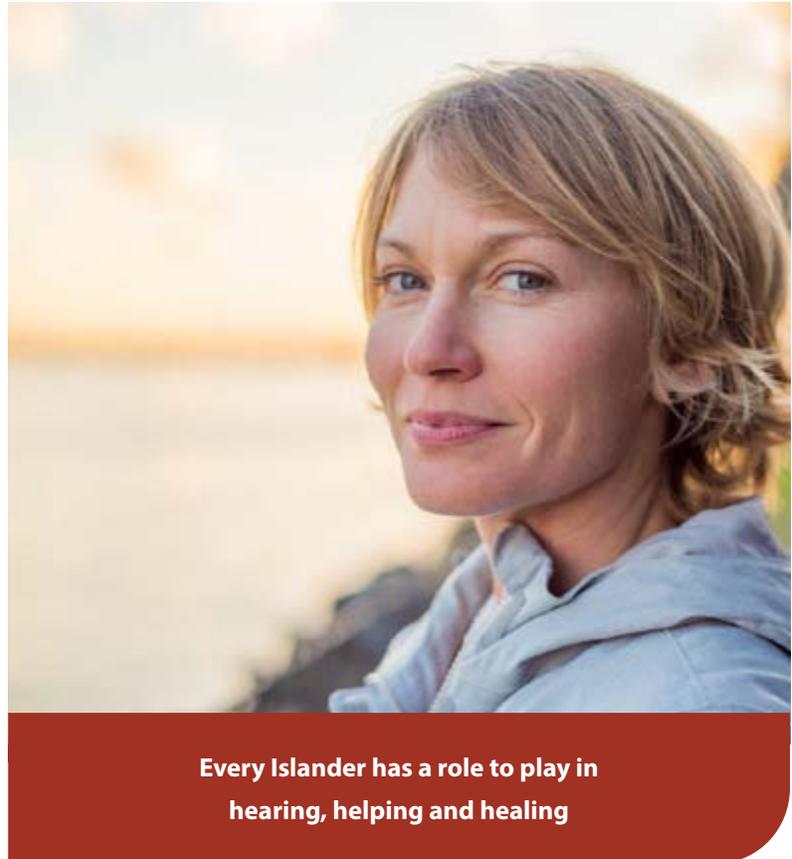
**ENSURING HOLISTIC CASE MANAGEMENT** allows for healing by providing individuals consistent support that is managed and followed throughout the pathway of care.

- Create networks for professionals, government and community, to allow everyone to work within their scope of practice and share their expertise and scope of service appropriately
- Ensure clear and communicated pathways of care for those struggling with mental health, addictions, and thoughts of suicide so that there is no wrong door for care
- Integrate formalized peer support workers into case management teams
- Adopt a holistic case management approach that follows the individual along the care path to ensure seamless transitions and consistent care
- Formalize a process so that a past client with an inactive file can re-enter the mental health care system without delay
- Communicate discharge plans with the individual's *Circle of Care*



# NEXT STEPS

The building blocks of hope and the actions items put forward in this strategy draw strength from the fact that the responsibilities lie within each of us, which is true of any strategy that is attempting to address a public health issue. Every Islander has a role to play in hearing, helping and healing. As such, in order to move forward and implement this strategy, we recommend the creation of a strategy task force that includes a cross section of all levels and departments of government and community to be the decision makers, monitors and evaluators of the action items. By building hope together through hearing, helping, and healing, we can make Prince Edward Island safer from suicide.



**Every Islander has a role to play in  
hearing, helping and healing**

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## END NOTES

1. <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>  
<https://healthyfamilies.beyondblue.org.au/age-13/mental-health-conditions-in-young-people/suicide/risk-factors-for-suicide>
2. <https://suicideprevention.ca>
3. <http://www.cbc.ca/news/canada/prince-edward-island/pei-suicide-rate-1.3647363>
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7. Eraslan-Capan, B. (2016). Social connectedness and flourishing: The mediating role of hopelessness. *Universal Journal of Educational Research*, 4(5), 933-940
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9. *Suicide and Mental Health in Prince Edward Island 2002-2011* (2013). Department of Health and Wellness

# From small things, big things come



The building blocks of hope and the actions items put forward in this strategy draw strength from the fact that the responsibilities lie within each of us, all levels and departments of government and in each of our communities. By building hope together through hearing, helping, and healing, we can make Prince Edward Island safer from suicide.

**This strategy will lead to a suicide-safer  
Prince Edward Island.**  
[princeedwardisland.ca/Suicide-prevention](http://princeedwardisland.ca/Suicide-prevention)



Canadian Mental  
Health Association  
Prince Edward Island  
*Mental health for all*

