



# Pillars for Life: The Saskatchewan Suicide Prevention Plan

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## Letter of Transmittal to the Minister of Health

I am pleased to present to you *Pillars for Life: The Saskatchewan Suicide Prevention Plan*.

*Pillars for Life* is the Ministry of Health recommendation in response to your direction to create a vital plan to address suicide and promote suicide prevention in our province.

The Ministry of Health is committed to achieving a responsive and efficient health system that enables citizens to attain their best possible health. This is true across the health system and is similarly true for citizens who have mental health and addictions concerns in our province.

As you are aware, in December 2014, the Minister of Health endorsed *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*. By doing so, the Action Plan recommendations were accepted and are being used to guide government in improving mental health and addictions services and supports. The Action Plan was one of the guiding documents that led to the development of *Pillars for Life: The Saskatchewan Suicide Prevention Plan*.

To further enhance the direction provided regarding suicide prevention in the *Mental Health and Addictions Action Plan*, in November 2019, the Ministry of Health was directed to undertake a jurisdictional scan. This allowed for consideration of national perspectives in the creation of a document encompassing local Saskatchewan context. The Ministry of Health committed to include consideration of reports from local voices including the Saskatchewan Advocate for Children and Youth, the Provincial Auditor as well as the Federation of Sovereign Indigenous Nations *Saskatchewan First Nations Suicide Prevention Strategy*.

Suicide is preventable. Important work is occurring throughout our province and can be recognized in communities such as La Ronge, Meadow Lake and Buffalo Narrows, where Roots of Hope suicide prevention initiatives are underway and are positively impacting residents in those communities. There is an opportunity to engage all government sectors as well as First Nations and Metis leadership to support Saskatchewan communities working collaboratively with sustained, integrated and culturally appropriate actions.

Work has begun, but we have a journey ahead to collectively prevent suicide in Saskatchewan.



Max Hendricks  
Deputy Minister of Health

## Introduction

Approximately 4,000 people die by suicide each year in Canada (Government of Canada, 2016). Suicide is the second leading cause of death for people aged 10 to 29 in Canada. In Saskatchewan, approximately 144 people die by suicide each year (Saskatchewan Coroners Service, data from 2005 to 2016). In northern Saskatchewan, suicide is the leading cause of death for people age 10 to 49 (Irvine & Quinn, 2017).

High rates of suicide are both a mental health and public health issue. Suicide prevention must address the social determinants of health through strategic actions, programs and policies. Engaging communities to promote life and reduce the impacts of suicide is essential. Acknowledging these facts, and following ongoing calls to address suicide prevention, the Government of Saskatchewan has created *Pillars for Life: The Saskatchewan Suicide Prevention Plan*.

*Pillars for Life: The Saskatchewan Suicide Prevention Plan* was informed by *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*. This Action Plan is Saskatchewan's overarching approach to improving mental health and addictions services and supports across the human services sectors, including in the health care system. The Action Plan provides a framework for improvement actions being taken, now and into the future, and *Pillars for Life: The Saskatchewan Suicide Prevention Plan* builds on this framework and intensifies activities that promote life and prevent suicide.

To inform the creation of *Pillars for Life* a jurisdictional scan of suicide prevention activities and frameworks across Canadian provinces and territories was also conducted. This scan has resulted in the identification of key suicide prevention activities, strategies, and current evidence-based practices.

*Pillars for Life: The Saskatchewan Suicide Prevention Plan* was also informed by the calls to action and recommendations found in the Saskatchewan Advocate for Children and Youth Special Report *Shhh... Listen!! We Have Something to Say! Youth Voices from the North* (2017), the *Provincial Auditor's Report 2018 – Volume 1*, Chapter 8, the *Provincial Auditor's Report 2019 – Volume 2*, Chapter 24 and the Federation of Sovereign Indigenous Nations *Saskatchewan First Nations Suicide Prevention Strategy* (2018).

The Government of Saskatchewan is dedicated to reducing deaths by suicide in the province. The aim of this plan is to reduce risk factors related to suicide, while increasing protective factors for individuals, families, and communities.

## Framework

Suicide is a serious, complex, and preventable issue that can affect everyone. In order to be effective, suicide prevention should encompass prevention, intervention, and postvention. It requires an approach that is culturally appropriate, collaborative, community-based, sustainable and integrated.

The World Health Organization (WHO; 2019) identifies suicide prevention as a priority and urges consideration of the following actions as ways to reduce suicide:

- timely access to mental health care including early identification, treatment, follow-up care and community support;
- reduction of access to means of suicide;
- education that increases awareness, builds skills, reduces stigma and trains gatekeepers (clinicians, first responders, teachers, coaches, human resources staff, etc.);
- school-based interventions;
- research and surveillance; and
- responsible and non-sensational media coverage.

The time to address this issue is now. Talking about mental health takes courage. Attention to mental health issues is growing, making conversations about mental health and suicide more open and common. Recent public awareness campaigns such as Bell Let's Talk are working to reduce stigma and increase awareness.

Effectively addressing mental health and alcohol and drug related issues is multifaceted. It will take the efforts of several ministries, organizations, and service providers to achieve effective and sustainable change. Recent mental health and addictions system improvements are an example of collaborative work that has occurred within Saskatchewan. The Ministry of Health will work with other ministries to incorporate its work into a government-wide approach, to promote life and prevent deaths by suicide in Saskatchewan.

All sectors need to address suicide prevention within their mandates. Accountability, across and within other ministries, is necessary to ensure suicide prevention is made a priority and remains a priority.

### Pillars for Life: The Saskatchewan Suicide Prevention Plan

The Mental Health Commission of Canada (MHCC) developed *Roots of Hope*, a community-based suicide prevention model that incorporates the WHO recommendations and other international experiences. The five pillars of *Roots of Hope* provide a framework and structure for communities to tailor suicide prevention activities and link these activities to community needs and strengths. Activities and initiatives are planned under each pillar simultaneously so that a fulsome and meaningful plan is developed. Currently, Saskatchewan is the only province that has three communities participating in the MHCC *Roots of Hope* suicide prevention initiative, with sites in La Ronge, Meadow Lake and Buffalo Narrows.

The actions outlined in *Pillars for Life: The Saskatchewan Suicide Prevention Plan* are grounded in the five pillar approach developed by the MHCC. The five pillars of the Saskatchewan plan include: (1) specialized supports, (2) training, (3) awareness, (4) means restriction and means safety<sup>1</sup> and

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<sup>1</sup> Means restriction and means safety involve identifying the items used and locations where suicides happen and is the process of modifying the environment and/or implementing measures to restrict access to safely use and store the items.

(5) research, surveillance and evaluation. The Government of Saskatchewan is dedicated to supporting the actions under each pillar for a suicide prevention plan that is comprehensive and effective.

While suicide is not a challenge easily or quickly resolved, realization of prevention will be achieved through sustained and coordinated efforts that are linked to the Saskatchewan experience. It is important to acknowledge the multi-layered effects of colonization and residential schools on the Indigenous population. *Pillars for Life* recognizes that solutions must be community driven and must take into account the local history, economics and social factors of the people they are meant to support and serve. Ensuring a community driven approach honours the fact that each community is unique and the solutions they present will produce meaningful change.

Indigenous health is a priority for Saskatchewan. In the spirit of the Truth and Reconciliation Commission's Calls to Action, Saskatchewan will continue to build and strengthen relationships by meeting with the Federation of Sovereign Indigenous Nations, Métis Nation of Saskatchewan and other First Nations and Métis community leadership to engage in dialogue regarding the unique needs of their populations.

The Ministry of Health continues to build and strengthen partnerships with First Nations and Métis communities to meet the health needs of First Nations and Métis patients and clients.

## Actions

### *Pillar One: Specialized Supports*

#### Year 1 Actions

- Enhance and evaluate investments in mental health and addictions.
- Ensure the Saskatchewan Health Authority (SHA) implements the *Provincial Auditor's Report - Volume 2* (chapter 24, 2019) recommendations on suicide protocol audits for treating patients with potentially high risk for suicide in northwest Saskatchewan. These recommendations are:
  1. “Work with others (e.g., Ministry of Health) to analyze key data about rates and prevalence of suicide attempts to rationalize services made available to patients at risk of suicide.
  2. Give suitable training to staff located in northwest Saskatchewan caring for patients at risk of suicide.
  3. Follow its established [SHA] protocols to provide psychiatric consultations to patients accessing emergency departments in northwest Saskatchewan who are at high risk of suicide.
  4. Address barriers to using videoconferencing to provide psychiatric services to communities in northwest Saskatchewan.
  5. Analyze reasons patients at risk of suicide miss appointments for mental health outpatient services to help address barriers.
  6. Follow up with patients (who attempted suicide) discharged from emergency departments in northwest Saskatchewan to encourage treatment, where needed.
  7. Conduct risk-based file audits of patients at risk of suicide in northwest Saskatchewan.
  8. Periodically inspect the safety of SHA facilities in northwest Saskatchewan providing services to patients at risk of suicide.” (Provincial Auditor, 2019).
- Continue to promote the University of Regina’s Internet delivered Cognitive Behavioural Therapy.

#### Future Actions

- Ensure suicide protocols already implemented in SHA mental health and addictions services continue to be audited and submitted on schedule.
- Support the SHA in expanding suicide prevention protocols to other parts of the health care system including primary care, emergency departments, and long-term care sites.
- Support the SHA to implement evidence-based approaches within population specific programming, initiatives and policies to allow for localized action (e.g. First Nations, youth, and members of the agricultural community).

## Pillar Two: Training

### Year 1 Actions

- Continue to expand Mental Health First Aid training across the province and among other human service sectors and ministries.
- Promote the use of MHCC toolkits designed to support people who have been impacted by suicide loss or a suicide attempt.
- Support specialized skill development opportunities for mental health clinicians.
- Support the expansion of Applied Suicide Intervention Skills Training.
- Support the Saskatchewan Health Authority in their efforts to host a range of cultural responsiveness training to ensure the health system is more accommodating to First Nations and Métis patients and their families.

### Future Actions

- Promote the College of Family Physicians of Canada's accredited learning module *Suicide: Facing the Difficult Topic Together – Empowering Physicians, Instilling Hope in Patients* (2019) to Saskatchewan family physicians to better support them in being able to recognize and treat suicide risk. This training course was produced through a partnership between the MHCC and the Canadian Association for Suicide Prevention.
- Promote the *Suicide: Facing the Difficult Topic Together – Empowering Nurses, Instilling Hope in Patients* learning module, accredited through the Canadian Nurses Association, to nurses working in Saskatchewan. This training will assist nurses to recognize and treat suicide risk, and was produced through a partnership between MHCC and the Canadian Association for Suicide Prevention.
- Embed suicide prevention as part of evidence-based practice across professions and the various scopes of practice for front line staff.

## Pillar Three: Awareness

### Year 1 Actions

- Launch a public awareness campaign targeted to youth (particularly in the North).
- Build awareness of the suicide prevention work currently underway through the three *Roots of Hope* initiatives in Saskatchewan.
- Continue to support the Mental Health Capacity Building initiative in five schools in the province.
- Support the University of Saskatchewan along with the Ministry of Advanced Education to build a post-secondary suicide prevention framework that can be replicated in other Saskatchewan post-secondary institutions.

### Future Actions

- Deliver regular public awareness campaigns that link from year-to-year, focused on different target audiences.
- Support training on the *Mindset Guidelines for Reporting on Suicide* for Saskatchewan based media outlets and communication professionals in the health system.



## ***Pillar Four: Means Restriction and Means Safety***

### **Year 1 Actions**

- Improve infrastructure within hospitals, particularly inpatient mental health centres to reduce the risk of suicide.
- Disseminate lessons learned and promising practices in means restriction and means safety by Saskatchewan communities participating in the *Roots of Hope* initiative.

### **Future Actions**

- Explore other means restriction and means safety options as informed by research and surveillance.
- Coordinate efforts to study means used and demographics affected in the province to inform localized efforts for means restriction and means safety.
- Support a provincial clean-out your medicine cabinet event.

## ***Pillar Five: Research, Surveillance and Evaluation***

### **Year 1 Actions**

- Conduct surveillance to better understand the important differences between gender, race, age and communities with respect to means of self-harm and suicide. Ensure this information supports planning, design, and implementation of suicide prevention strategies.
- Continue to support the research and evaluation underway for Saskatchewan's three *Roots of Hope* suicide prevention initiatives.
- Develop an evaluation framework for *Pillars for Life: The Saskatchewan Suicide Prevention Plan* with regular reporting, to ensure current activities have measurable indicators and outcomes.

### **Future Actions**

- Enhance the Ministry of Health's capacity to undertake mental health, addictions, self-harm, and suicide epidemiological analysis and surveillance.

Suicide prevention is demanding work for all – prevention workers, families, friends, teachers, Elders, emergency response staff, health care providers, law enforcement, and social service agencies among others. Within communities across Saskatchewan, every person has the potential to contribute and collaborate to lead the way. Engagement from all government sectors, applicable tribal councils and First Nations and Métis leadership is important and will signify support in assisting communities faced with the complexity of suicide.

The promotion of life and prevention of suicide is a shared responsibility across society. It requires evidence informed community collaboration to influence the social determinants of health and make a difference for the people impacted by suicide.

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