



Youth Mental Health March Canada
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Recommendation Report for a New Suicide Prevention Strategy for Hamilton

Recomendiation Report as Approved by YMHM Canada

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This is not the official Suicide Prevention Strategy for Hamilton and is only a recommendation report from the YMHM Canada to the Suicide Prevention Community Council of Hamilton and to the City of Hamilton for a new suicide prevention strategy.

The current suicide prevention strategy can be viewed at <http://spcch.org/wp-content/uploads/2014/12/Hamilton-Suicide-Prevention-Strategy-2010-Final1.pdf>.

Additional questions, comments, or concerns may be addressed to the YMHM Canada at info@ymhmcanada.ca.

Mental Health Crisis Lines

This recommendation report deals with matters such as suicide, suicide attempts, anxiety, depression, and poor mental health in general as well as other topics related to mental health and suicide.

If you are in a mental health crisis or are in need of assistance, please contact a crisis line. If it is an immediate emergency, please call 9-1-1.

Ontario Crisis Line (ConnexOntario)

Phone: 1-866-531-2600

Canadian Suicide Prevention Line

Phone: 1-833-456-4566

Message: CONNECT to 45645 (only available from 4pm EST to 12am EST)

First Nations and Inuit Hope for Wellness

Phone: 1-855-242-3310

Additional crisis lines are available at www.ymhmcanda.ca/help.

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Acknowledgments

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Community Members

Thank you to all community members of the city of Hamilton who completed a survey about what should be in a new suicide prevention strategy for Hamilton. Your recommendations have been reviewed and added into this report.

Introduction from the YMHM Canada President

It is my pleasure as the President and Founder of the Youth Mental Health March Canada (YMHM Canada) to give all readers of this Recommendation Report for a New Suicide Prevention Strategy for Hamilton a warm welcome.

Hamilton's current suicide prevention strategy was complete and released to the public on 10 September 2010, just 5 days shy of being 11 years old at the time of the release of this recommendation report on 5 September 2021. Although it was a suicide prevention strategy that, at the time and shortly after, was able to be the most accurate for the needs of the city and its population and for preventing suicide, the world as well as its challenges and the people who live in Hamilton have changed so much. With these factors, and most of the current suicide prevention strategy having been complete, the YMHM Canada believes that it is time for a new suicide prevention strategy to be implemented in order to help continue to prevent suicide in Hamiltonians of all ages.

With suicide continuing to be a leading cause of death for not only Hamiltonians but for all Canadians, and suicidal behaviour continuing to be a risk for everyone, now is the time to make recommendations, act, create, and release a new Suicide Prevention Strategy for Hamilton.



Joshua Bell
President & Founder, YMHM Canada
Chair and Lead, YMHM Canada Committee on Recommendation Report Creation

PART A: BACKGROUND INFORMATION

General Information

About the YMHM

The Youth Mental Health March Canada (YMHM Canada) is a community association that was founded in May 2020 by Joshua Bell after him seeing that there was not much being done to raise awareness and end the stigma around poor mental health and mental health disorders in youth across not only the city of Hamilton but across the country. Wanting to do something, the YMHM Canada was started and now works to end the stigma around poor mental health in youth when working to raise awareness, end the stigma, and push government bodies to do more in their support for access to resources for the ones that need it the most.

Together, the YMHM Canada is a youth-lead association that collectively works to breakdown the stigma around mental illness in youth and raise awareness about youth mental health and advocate for change.

The YMHM Canada has a simple mission; to raise awareness and end the stigma around poor mental health and mental health disorders in youth when pushing government bodies to do more in their support for access to resources for youth that need it.

About this Recommendation Report

Purpose

The purpose of this recommendation report and the drafting of a new proposed Hamilton Suicide Prevention Strategy is to not only bring the suicide prevention strategy in the City of Hamilton up-to-date with the modern world and make the strategy more accessible, reliable, and useful in everyday life, but it is to also make recommendations to all people in Hamilton, including to all organizations and groups, about what they can do to help prevent suicide to the best of everyone's ability. Suicide is preventable if the right actions are taken and warning signs are seen.

Goals

This recommendation report and the drafting of the new proposed Hamilton Suicide Prevention Strategy was created with an aim at the following goals:

- I. To create a new, modern, updated, impactful, and meaningful suicide prevention strategy for Hamilton
- II. To update the first and only suicide prevention strategy Hamilton has ever had
- III. To create an easy strategy that can be read and understood by all in the city
- IV. To create a strategy that can be easily accessed for use by all in the city
- V. To raise awareness around suicide and suicide prevention
- VI. To make recommendations for lasting change that will benefit everyone who lives or visits the city
- VII. To raise awareness about the suicide prevention strategy that Hamilton has
- VIII. To have this proposed Hamilton Suicide Prevention Strategy adopted in full or in part to replace the current outdated strategy

Background Information

About the City and People of Hamilton^I

The city of Hamilton sits at the extreme western end of Lake Ontario, on the southern shore of landlocked Hamilton Harbour. The site was visited by the French explorer René-Robert Cavelier, sieur de La Salle, in 1669. Settlement began with the arrival of loyalists fleeing the rebellious 13 American colonies in 1778. The city was named for George Hamilton, who laid out the original town in 1815 on a sloping plain between the waterfront (north) and the Niagara Escarpment (south), which there rises abruptly to a point locally known as “the Mountain.” During its early growth, Hamilton was overshadowed by nearby Dundas, but the opening of the Burlington Canal, it linked the Hamilton Harbour to Lake Ontario and led to its rapid development as an important port and rail centre. In 2001 Hamilton absorbed several surrounding communities that since 1974 had been part of the regional municipality of Hamilton-Wentworth, which greatly increased the area and population of the city.

Hamilton is now one of Canada’s leading industrial centres. Its iron and steel industry, which began in the mid 19th century, has grown to become Canada’s largest, accounting for a major part of the national steel output. Other industries include the manufacture of railroad equipment, clothing, appliances, turbines, automotive parts, wire, nails, and candy. Health care, local government, and education are also important to the economy. The city is also a financial hub and the centre of an extensive fruit-growing district; it is the site of one of Canada’s largest open-air markets.

Hamilton is well served with rail and freeway connections to Toronto and Buffalo, New York, U.S. Its excellent harbour is protected from Lake Ontario by a sandbar 6 km long. Cargoes include coal, grain, steel, and petroleum products. McMaster University, noted for nuclear research, is on the western edge of the city. Hamilton Place is an impressive performing arts centre. Hamilton is the home of the Tiger-Cats of the Canadian Football League, and the Canadian Football Hall of Fame and Museum is in City Hall Plaza. Also in the vicinity are Dundurn Castle, the Royal Botanical Gardens, and Stoney Creek Battlefield Monument, the site of a decisive battle of the War of 1812. The Art Gallery of Hamilton is one of Canada’s largest and finest collections of Canadian art. African Lion Safari houses some 1,000 animals roaming freely throughout a park setting. The Museum of Steam and Technology preserves the city’s industrial heritage, and the Canadian Warplane Heritage Museum displays military aircraft from World War II to the present.

Hamilton’s daily excitement and activities are done by hundreds of thousands every day, as the current population for Hamilton is 747 545^{II}.

Development of this Report

This recommendation report for a new suicide prevention strategy for Hamilton was developed and created by the YMHM Canada and its members. The YMHM Canada looked at past suicide prevention strategies, current world issues and situations, and much more and created this recommendation report in hopes of pushing for a new suicide prevention strategy for the people of Hamilton.

Steps taken and some materials used in the development of this report include:

- Reviewing past suicide prevention strategies for Hamilton and the surrounding region
- Looking at current world and local issues
- Reviewing and looking at materials about the population of Hamilton and the people that live in Hamilton as well as for their needs
- Input from members of the public through surveys
- Internet searches to government sites and to sites of mental health organizations for some information and facts
- Internet searches for places that provide mental health supports in Canada and in the Hamilton area

Need for a New Suicide Prevention Strategy for Hamilton

The need for a new suicide prevention strategy can be seen as urgent. As the world entered a pandemic for the COVID-19 virus in late 2019 / early 2020, the mental health of everyone started to take a toll and concerns about rising suicide rates started to present themselves. With a strategy that is 11 years out of date, help and supports for people who may be experiencing suicidal thoughts could be late or misinformed with information from 11 years ago.

The YMHM Canada sees the need for a new suicide prevention strategy through the following:

- I. The current strategy being 11 years out-of-date
- II. The current strategy not taking into consideration the COVID-19 Pandemic and other world-wide crisis' since its creation and the affects that they have caused on suicidal behaviour
- III. A continued possible rise in suicidal behaviour and suicides^{III}
- IV. More helpful, accurate, and informative information about suicide and suicidal behaviour coming out since the release of the current strategy
- V. The World Health Organization saying that suicide is high but public awareness of suicide continues to be low^{IV}
- VI. Suicide prevention strategies being updated around the country (National Strategy^V, Edmonton^{VI}, etc.)
- VII. A new clearly defined suicide prevention strategy would help to improve awareness, prevention, and understanding of suicide in Hamilton for everyone

Current Hamilton Suicide Prevention Strategy

Overview of the Strategy^{VII}

The current Hamilton Suicide Prevention Strategy was done in 2010 and was released to the public on 10 September 2010, World Suicide Prevention Day.

It is a strategy that was headed in its design by the Suicide Prevention Community Council of Canada who, throughout the design and planning of the strategy, worked with the Mental Health Commission of Canada, Association of Suicide Prevention, City of Hamilton Public Health Services, Mental Health Rights Coalition of Hamilton, St. Joseph's Hospital, as well as various community members and other organizations who all gave their input in the design of the plan and in the reviewing of the plan before its approval and release to the public. Steps used to develop the current suicide prevention strategy included a review of existing suicide prevention strategies from Canadian, American, and other common law countries and communities, a review of academic literature dealing with suicide and suicide prevention coupled with specific topics of particular relevance to Hamilton, and invitation to community agencies and interested individuals to join the strategy committee to speak and give their input, as well as surveys, and internet searches to identify agencies and organizations in Hamilton that provide suicide-related services.

With a current plan that has the purpose to guide the development of an integrated, coordinated, comprehensive suicide prevention approach for the Hamilton community, the aim is to help prevent deaths due to suicide and to reduce the suffering to suicidal ideation, attempts and those bereaved by suicide. The plan was developed with the intent to improve coordination of mental health services to promote suicide prevention, simplify access to timely and effective help for suicidal individuals in Hamilton, provide guidance in identifying specific assessments and interventions that may reduce suicide attempts and death, as well as to increase the number of Hamiltonians with knowledge of the warning signs for suicide to promote earlier intervention, and much more. All goals and intentions that were designed to raise awareness, create change through the promotion of an end to the stigma and raise awareness for access to resources, and advocacy.

The current strategy was created with 6 main objectives that it hoped to fulfill over the last 10 years. Objectives for commitment, awareness, stigma and discrimination, prevention, training and education, and for advocacy. Throughout the past 10 years, the SPCCH has worked to implement this strategy with the main aim, goals, intents, and objectives in mind, however, suicide continues to be a leading cause of death in Hamilton and it has become the number 1 leading cause of death for people 45 and under who live in Hamilton^{VIII}.

Hamilton has and continues to be a unique city that is unlike many other places in Canada, and as such, the development of this current strategy had to take all of that into deep consideration.

The background information for all of Hamilton and information about how diverse of a city Hamilton truly is in comparison to other places is presented throughout the current strategy. This is information that is helpful and needed in order for us to get a full understanding of the plan and its intended goals for the people that it hopes to serve.

Looking at the risk factors, the plan goes into point for after a small explanation about what risk factors are and how suicide is a risk for many people. When this is great, the points that are provided are only provided in point form and no further explanation is given for the points of risk factors that are listed, leaving it up to the reader on how to interpret each of these points and what it means. This is the same for the protective factors against suicide section that follows the risk factors section. Talking about how fatal and non-fatal suicide behaviours occur from interactions between risk factors and a lack of protective factors in a person's life, the plan then lists out the points of some protective factors against suicide. Again, like for risk factors, this is only done in point form and allows the reader to interpret what each of the points means.

When listing points in point form is something that is helpful and helps get right to the meaning, in some cases such as this, further small explanations should be given underneath each point as to ensure that there is no misinterpretation for what the point means. This is even more important to help aid suicide prevention in Hamilton and to help aid suicide prevention in general.

Suicide and the scope of the issue is looked at next in the current suicide prevention strategy for Hamilton. Looking at specific factors such as socio-demographic factors, and individual health factors of the people living in Hamilton, the plan works to provide information about peoples age, sex, gender, sexuality, family dynamic, and income and employment. As well as other factors such as general health and mental health status facts for Hamilton, the presence and extent of substance abuse and use, the presence and extent of mood and anxiety disorders, and the extent of suicidal behaviours in Hamilton at the time of the creation of the plan. All of this information helps to give not only the reader of the strategy an understanding for the need of this strategy but it also helps to give information that helps to back of the need for the strategy and how much of a suicide crisis there is and could be if nothing is done to act on it.

Although information about the scope of the issue is looked at in the current plan, as mentioned above, there is not enough information for suicidal behaviours, substance misuse and abuse. Additional information could be added to other sections in scope of the issue to help give the reader an even more understand of the crisis happening and to provide more background information about why we need a suicide prevention strategy for Hamilton.

Data from many Hamilton suicide prevention and crisis support services are looked at in the current plan as well. With an aim that looks to show everyone how much of a crisis suicide and poor mental health is in the city, the information provided looks at number of visits, calls, responded calls of suicide, hospitalizations, thoughts of suicide, and attempts for suicide or suicidal behaviour. Information is provided from St. Joseph's hospital, COAST Hamilton, Salvation Army Suicide Prevention Services Crisis Line, Victim Services – Hamilton Police, Youth Net Hamilton, and from the Hamilton Student Drug Use Survey Report.

All of this information about the crisis supports in Hamilton and how much they are being used, as well as how many calls there are for suicidal behaviour or attempts, paints a picture of a city in crisis and needing urgent help now.

These numbers can be seen as even more urgent as the current strategy looks at the national, provincial, and local perspectives for suicidal mortality rates. Looking at the suicide rates in

general, and what can be classified as a suicide around Canada, general information is given to help give the reader information about the date, its collection, and why some deaths are not considered a suicide even if people think that it should have been. It is important to remember as well that the collection of the date used in the current strategy is limited to date from 2000 to 2005 and as such, numbers provided may have changed from the time of the data collection, to the release of the current strategy in 2010, to now in 2021.

Mortality rates in Canada, in 2005, were around 11.6 deaths per 100 000 people in the population. The suicide rate for males was and continues to be higher than for females, and deaths in minority populations such as indigenous people, continues to be even higher than the national average.

Mortality rates in Hamilton and in Ontario are combined under the same subheading. Between 2000 and 2005, just under 6000 people in Ontario died as a result of suicide, with 244 being from Hamilton. In Hamilton between 2001 and 2005, almost 2 times as many deaths by suicide occurred than deaths from transportation collisions, and almost 6 times more deaths occurred from suicide than from assault related deaths. These are numbers provided in the current plan that continues to paint the picture that Hamilton is in a crisis and in need of urgent action and help for all people.

Average rates for suicide are provided for both Hamilton and Ontario before information about trends about suicide are provided. It is stressed that it can be hard to find trends for suicide in the local level due to smaller populations and lower numbers of suicide deaths, however, trend information for Ontario and Canada are more accurate and easier to interpret.

Information about people who have died from suicide, such as age, sex, and gender are also provided next to help complete the data. Brief information about suicides and domestic homicides are also provided as in many cases, people living in these conditions have a greater risk for suicide – mainly with the spouse and/or the children.

Enough data is presented in the current plan for the reader of the current plan to understand the suicide mortality rates in Canada, Ontario, and in Hamilton.

While all information is provided for mortality rates, it would be more helpful to provide the information for Canada, Ontario, and Hamilton all in separate subheading as to not get the information confused or to miss any information when reading.

The plan goes into the need for the suicide prevention strategy for Hamilton next, as key points as to why the SPCCH identifies all of the reasons for the need for a new strategy are listed out. Reasons such as the World Health Organization (WHO) reporting that suicide is a major public health problem and public knowledge about it is low, the Canadian Association for Suicide prevention recommends that each city have its own suicide prevention strategy as to help prevent suicide in that city, as well as that a clearly defined suicide prevention strategy would provide the framework to enhance existing community capacity creating a community that is more productive, aware, and skilled in prevention, intervention, and postvention activities. The intent

of the strategy is laid out once more with advocacy, prevention, awareness, and education all being mentioned as high priorities and top goals for the strategy.

Objectives are listed out with actions that are to be taken in order to achieve each objective. When some of these are still relevant today, most of them have been completed by the SPCCH or need to be updated to include more modern goals and living conditions in them. The next steps of the plan indicate a willingness to work to keep the suicide prevention strategy in the forefront of the work that the SPCCH does as well as demonstrates a commitment to a living strategy that will be reviewed regularly to ensure that it fits current research and to address suicide prevention in Hamilton. The SPCCH has failed in doing this, as the last strategy was done in 2010 – over 11 years ago – and used information from 2000 to 2007.

Development of the Current Strategy^{IX}

The Hamilton Suicide Prevention Strategy was developed using a collaborative approach involving members of the SPCCH. The SPCCH examined the Blueprint for a Canadian National Suicide Prevention Strategy developed by the Canadian Association for Suicide Prevention and determined that Hamilton needed a suicide prevention strategy. In 2007, the Strategy Committee was formed and later expanded to include representatives from hospitals, school boards and several community agencies.

Steps used to develop the strategy included:

- A review of existing suicide prevention strategies from Canadian, American, and other Common Law countries and communities
- A review of academic literature dealing with suicide and suicide prevention coupled with specific topics of particular relevance to Hamilton's unique socio-demographic, health and well-being profiles (see Scope of the Issue)
- An invitation to community agencies and interested community individuals to join the Strategy Committee to seek input into strategy goals and objectives (April 2008)
- An internet search to identify agencies and organizations in Hamilton that provide suicide-related services
- A survey of the Hamilton service provider community concerning knowledge of existing services, capacity of existing services, and ideal services for a comprehensive suicide prevention strategy

Risk and Protective Factors

Risk Factors for Suicide^{x,xI}

There are many risk factors for suicide and the risk factors for everyone may not be the same. Depending on where your life, how you live your life, and who you are around, including your biological factors, your risk factors for suicide can be different than someone else's. Main risk factors are seen below.

Prior suicide attempt

- A past suicide attempt or attempts and thoughts of suicide all put an individual at risk for suicide and at higher risk for suicide if they have attempted before in their lifetime.

A prior or current mental health disorder/illness diagnoses

- Having current existing mental health conditions such as depression, anxiety, an eating disorder, or any other mental health disorder/illness can increase a person's risk for depression. There is also a risk for suicide if a person has had a mental health disorder/illness in the past.

Trauma

- Past or current trauma in one's life can also lead to a risk of suicide. Trauma such as violence, abuse, suicide by another family member or close friend, or even large-scale traumatic events that have affected your family for generations could all lead to an increased risk of suicide.

Major life changes or upsets

- Changes in one's life, personal or business, that have a large effect on their daily activities could be a risk factor for suicide. This includes major life changes such as becoming unemployed, homeless, poor physical health, the death of a loved ones, harassment, or even discrimination in a person's daily activities.

Major losses in one's life

- Having lost a loved one, a job, financial security, or even a relationship that a person held dearly are all risk factors for suicide. Other things such as feeling a sense of a loss of culture, personal connection to people, and even larger social connection to people and groups are also all risk factors for suicide.

Access to lethal means

- Having access to lethal items such as guns, medications and other medicines, are all increased risks for suicide. Furthermore, having access to drugs of any kind and/or alcohol also presents a risk for abuse of these substances and could lead to a further risk of suicide for these individuals if the substance is abused regularly.

A sense of hopelessness, helplessness, and/or isolation

- Having a sense of hopelessness, helplessness, or having feelings of isolation are all factors that increase a person's risk for suicide.

Lack of access to mental health services and treatments

- Having a lack of access to mental health services and treatments increases a person's risk for suicide as their mental health may continue to deteriorate as they wait for their

treatment. Having no or long wait times to access these services all increase a person's risk for suicide.

Lack of support

- Having a lack of support from family, friends, or even your co-workers are all risk factors for an increased risk of suicide. Everyone needs to feel like they have the support behind them in order to improve their mental health.

Current social stigma

- Stigma from society around mental health disorders/illnesses and suicide are also risk factors for suicide as people may not want to come forward to talk to a friend, family member, or a professional, about how they are feeling due to the stigma surrounding it. Poor coverage of mental health issues in the media that creates more social stigma around disorders/illnesses.

Biological factors

- Having a past family history of mental health disorders/illnesses, addictions, or substance abuse, all have an increased risk for suicide.

Religions and Cultures

- Having a religion or culture that states that a person should not think of suicide or that makes a person with a mental health disorder/illness feel like an outsider and not welcome is a risk for suicide. It is also a risk for suicide if a religion or culture states that suicide is a noble resolution for a personal dilemma or to solve a problem that you are facing.

COVID-19 Risk Factors for Suicide

The COVID-19 Pandemic that the world has gone through only proposed more risk factors for suicide and suicide attempts as many people are at home, isolated, and socially distant from everyone else. See below some additional risk factors from COVID-19.

Increased levels of anxiety and depression

- A challenge of increased anxiety and depression levels among all people will present itself as we start to leave the pandemic and for years after the pandemic. All of this also presents an increased risk for suicide.

Anxiety around reopening/getting back to the normal

- Reopening as we start to leave the pandemic and getting back to a normal where there are not many social distancing rules may make some people anxious or worry about getting the virus or about being in large social groups again. All of this increased daily anxiety could lead to a risk for suicide from individuals.

Isolation and distancing

- Being isolated or having to social distance from the people that you love are all risk factors for suicide and suicidal like behaviour.

Domestic Abusive Risk for Children and Families^{XII, XIII}

- Living in families where domestic abuse such as fights, yelling, and violence have increased is a risk for increased suicidal behaviour for the victim(s) and/or any children living in the home.

Protective Factors for Suicide^{XIV, XV, XVI}

Just like risk factors, there are many protective factors, however, every protective factor may not work the same for everyone. For a list of common protective factors, see below.

Positive Coping Strategies

- Positive methods to cope with anxiety, such as mindfulness, fidget toys, colouring, etc.

Reasons for Living/ Self-Esteem/ Optimism

- Thinking highly of yourself, being optimistic through the hard times, and understanding that you can come out on top in the end.

Access to Effective and Supportive Health Care (Physical and Mental)

- Having affordable mental health care such as therapy, CBT and DBT workshops, as well as physicians who understand the mental health field and are supportive and non-judgmental. Taking care of themselves physically such as participating in exercise and eating well.

Religious Beliefs/Faith

- Turning to your religious faith and teaching to help you through hard times or times when you feel like you are struggling.

Strong and Loving Connections with other people (family, friends, role models, significant others, children, pets, etc.)

- Strong relationships with the people around them such as their family, friends, significant others, pets, etc. gives them a reason to live or at least something to think about as what's going to happen to them if I commit?

Limiting Access to Possible Lethal Means and Maintaining Sobriety

- Limiting access to lethal means such as knives, medication, firearms, etc. and access to alcohol and drugs

Opportunities in the Community (sports teams, clubs, volunteering, etc.)

- Opportunities such as a soccer team, or volunteering as a peer mentor, or attending a community event all helps give people meaning and they bring joy.

Healthy Fear of Risk

- A person knows where their boundaries are with things and does not push themselves too far into where they are overwhelmed by the activity that they are doing.

Having Positive Life Goals

- Having goals such as a dream career, or dream house, and demonstrating determination towards reaching those goals.

Skills in Problem Solving, conflict resolution and handling of problems that may propose themselves

- A person has the ability to solve problems and think critically about what they could do to solve that problem. Showing that they have the skills to help themselves in all situations, including if they need to reach out for help for their mental health.

Stable Living Situation

- Having a fulfilling employment that makes someone financially stable, as well as access to proper and affordable housing.

Scope of the Issue of Suicide

Socio-Demographic Factors^{xvii}

Overall Population

The overall population of Hamilton is 747 545 with a total of 363 800 males and 383 745 females.

Hamilton Total Population Comparison		
	<i>2016^{xviii}</i>	<i>2006^{xix}</i>
Total	747 545	692 911
Male	363 800	N/A
Female	383 745	N/A

Age and Gender

The chart below looks at the age and gender of the total population for Hamilton. We are able to see the overall population in Hamilton get older over the last 10 years.

Hamilton Age and Gender Comparisons		
	<i>2016^{xx}</i>	<i>2006^{xxi}</i>
0 – 14 Total	16.4%	17.9%
Male	17.3%	N/A
Female	15.5%	N/A
15 – 65 Total	65.8%	67.0%
Male	66.5%	N/A
Female	65.0%	N/A
65+ Total	17.9%	15.1%
Male	16.2%	N/A
Female	19.5%	N/A

Family Characteristics

A list of family characteristics is shown below. The number of people living in each household, and marriage status.

Hamilton Family Household Size Comparison		
	<i>2016^{xxii}</i>	<i>2006^{xxiii}</i>
1 Person	27.1%	25.5%
2 People	32.7%	32.4%
3 people	16.0%	16.2%
4 People	15.4%	16.5%
5 People or More	8.8%	9.3%

Hamilton Family Marriage Status	
	<i>2016^{XXIV}</i>
Married or Living Common Law Total	56.7%
Male Total	58.9%
Female Total	54.6%
Married	48.5%
Male	50.4%
Female	46.7%
Living Common Law	8.2%
Male	8.5%
Female	7.9%
Not Married and Not Living Common Law Total	43.3%
Male Total	41.1%
Female Total	45.4%
Never Married	27.6%
Male	30.9%
Female	24.6%
Separated	3.2%
Male	2.7%
Female	3.5%
Divorced	6.3%
Male	4.9%
Female	7.6%
Widowed	6.3%
Male	2.6%
Female	9.6%

Income and Employment

Below are shown the income levels of people living in Hamilton who are 15 and older. As well shown below are the total employment rates for Hamilton.

Total Income Levels for Hamilton of people 15 and Older	
	<i>2015^{XXV}</i>
Without an Income	4%
With an Income	96%
Under \$10 000	13.9%
Male	12.6%
Female	15.0%
\$10 000 to \$19 999	16.4%
Male	13.4%
Female	19.3%
\$20 000 to \$29 999	13.7%
Male	11.3%

Female	15.8%
\$30 000 to \$39 999	11.1%
Male	10.4%
Female	11.8%
\$40 000 to \$49 999	9.9%
Male	9.7%
Female	10.2%
\$50 000 to \$59 999	8.0%
Male	8.4%
Female	7.6%
\$60 000 to \$69 999	6.3%
Male	7.1%
Female	5.5%
\$70 000 to \$79 999	4.8%
Male	5.7%
Female	3.8%
\$80 000 to \$89 999	3.8%
Male	4.6%
Female	3.0%
\$90 000 to \$99 999	3.3%
Male	3.9%
Female	2.8%
\$100 000 and over	8.9%
Male	12.9%
Female	5.2%

Hamilton Employment Rates	
	<i>2018^{xxvi}</i>
Unemployment Rate	5.3%
Employment Rate	62.4%
Labour Force Participation Rate	65.9%

Individual Mental Health Factors

General Mental Health Status^{xxvii}

The mental health crisis not only in Canada but in Hamilton is evident. No matter your age, gender, education level, or anything else, anyone can be affected by a mental health challenge or illness at any time in their life – even if they think that it will never happen to them.

In any given year across Canada, 1 in 5 people will personally experience a mental health problem or illness and by the time people are 40, 50% would have had or have a mental illness.

With major depression affecting approximately 5.4% of the Canadian population, and anxiety disorders continuing to affect 4.6% of the population^{xxviii}, the risk for suicide only increases.

The mental health of individuals has only worsened overall as the COVID-19 pandemic has continued on. A CMHA study found that as of the second wave of the pandemic, overall people who considered their mental health as “very good” or “excellent” was down from 52% in the first survey (done in May 2020) to 35% now^{xxxix}. A 17% decrease in people who thought that their mental health was very good during the pandemic. In addition to this, 80% of people living in Ontario now believe that we will be in a serious mental health crisis after the pandemic^{xxx}.

Presence of Mental Health Disorders

The following is a chart for the presence of different mental health disorders in Canadians across the country.

Mental Health Disorders in Canadians^{xxxi}	
Major Depression	5.4%
Anxiety Disorders	4.6%
Bipolar Disorder	1.0%
Schizophrenia	1.0%
Eating Disorders	0.3% to 1.0%
Substance Use Disorders	6.0%

Substance Misuse

In Canada alone, it is estimated that around 21% of the overall population will meet the requirements for a substance use disorder^{xxxii}.

The following is a breakdown of the types of substance use disorders in Canada in 2015.

Substance Abuse in Canadians 15 Years Old and Older^{xxxiii}		
	<i>Lifetime</i>	<i>12-Month Period</i>
Substance Abuse or Dependencies	21.6%	4.4%
Alcohol abuse or dependence	18.1%	3.2%
Cannabis abuse or dependence	6.8%	1.3%
Other drug abuse or dependence (excluding Cannabis)	4.0%	0.7%

Suicidal Behaviours

In Canada every year, it is estimated that for every 1 suicide there are 5 hospitalizations for self-inflicted injuries^{xxxiv}.

An average of 10 people die in Canada by suicide every day making it the overall 9th leading cause of death within the country. Last year, of the approximately 4000 deaths from suicide, 90% of the people who died were living with a mental illness^{xxxv}.

11.8% of people reported thoughts of suicide in their lifetime with 2.8% of people reporting suicidal thoughts within the last year. 4.0% reported having a plan for their suicide attempt and 3.1% reported acting on their plan and having attempted suicide within the last year. Suicide attempts remain about 3 times higher for people born in Canada than for immigrants to Canada.

Suicide deaths and attempts remain higher in men and boys than they do in women and girls^{xxxvi}.

Highly Affected Groups

In Canada, a study found that Francophone whites and Indigenous Peoples were more likely to report suicidal behaviours compared to Anglophone whites whereas visible minorities and Foreign-born whites were least likely^{xxxvii}.

It was also found that people who are married have lower rates for suicide and suicidal behaviours than people who are single, divorces, or widowed^{xxxviii}.

This does not say that these groups that reported suicidal behaviours less do not experience suicide at all, but rather that they experience thoughts of suicide at a less rate than the identified high-risk groups.

Minority Groups

Indigenous groups and people remain at a higher risk for suicide and suicidal behaviour than non-indigenous people in Canada.

Below shows a table of select indigenous groups in Canada and the increased risk for suicide.

Increased Risk for Suicide on Indigenous Communities from National Average^{xxxix}	
Inuit	6.5 times higher
First Nations	3.7 times higher
Metis	2.7 times higher

Canadians who identify as people of colour have been reported to use mental health services less often than their white counterparts. In a survey of Canadians between 2001 and 2014, it found that 38.3% of Black Canadian residents with poor or fair self-reported mental health used mental health services compared with 50.8% White Canadian residents^{xl}. It also found that based on a 2018 survey of 328 Black Canadian residents:

- 60% said they would be more willing to use mental health services if the mental health professional were Black
- 35.4% were experiencing significant psychological distress, 34.2% of whom never sought mental health services
- 95.1% felt that the underutilization of mental health services by Black Canadian residents was an issue that needed to be addressed

All of these factors in turn could lead to black Canadians using and seeking mental health treatment less often and letting their mental health condition or illness go untreated for longer – increasing the risk for a serious mental health disorder as well as a possible risk for increased suicide as their mental health deuterates.

Mental Health Crisis and Support Services

Types of Supports Available

Supports are available for everyone no matter their age, gender, religion, or social class level in Hamilton if they are in need of mental health support. There are always people willing to listen and help anyone who needs support for their mental health or when someone is in crisis.

Supports in Hamilton include supports through Saint Joseph’s Healthcare Hamilton, the Youth Wellness Centre (St. Joseph’s Healthcare Hamilton), the Salvation Army Suicide Prevention Line, the Crisis Outreach Line (COAST Hamilton), and Youth Net. Larger support lines and services are available as well such as through Kids Help Phone, the National Suicide Prevention Line, the Indigenous Hope for Wellness Line, and the Ontario Crisis Line.

Individual mental health care with providers or group mental health care is also available for people who are looking for long term treatment for their mental health disorder or to help individuals improve their overall mental health. While some of these services require a referral, most of these services such as therapists and mental health groups can be done through self-referral.

Overview of Number of Calls and Services Provided

Listed below are crisis support services in Canada and the number of calls that are received.

Crisis Support Services in Canada Records of Calls and Help	
	<i>Number of Calls Received for Mental Health Related Help</i>
Kids Help Phone ^{XLI}	415 005
Texting	190 530
Phone Call	193 085
Online Chat	31 390
COAST Hamilton ^{XLII}	35 955
Phone Calls	34 176
Visits	1 779
Hamilton Police Mobile Crisis Rapid Response Team ^{XLIII}	2 691

Suicide Rates: Canada

Suicide remains an issue across Canada taking thousands of lives every year. Below you will find information in chart format for suicide deaths and suicide rates in Canada.

Total Suicide Deaths and Rates in Canada^{XLIV}		
	<i>2019</i>	<i>2011</i>
Total Suicide Deaths	4 011	3 895
5 years old to 9 years old	0	1
10 years old to 14 years old	31	31
15 years old to 19 years old	200	202
20 years old to 24 years old	306	313
25 years old to 29 years old	348	270
30 years old to 34 years old	325	305
35 years old to 39 years old	321	304
40 years old to 44 years old	315	368
45 years old to 49 years old	343	446
50 years old to 54 years old	396	468
55 years old to 59 years old	421	400
60 years old to 64 years old	363	252
65 years old to 69 years old	223	155
70 years old to 74 years old	156	132
75 years old to 79 years old	98	106
80 years old to 84 years old	79	78
85 years old to 89 years old	60	52
90 years old and older	26	12
Population of Canada at Time	37.59 million	34.34 million
National Suicide Rate (/100 000)	10.7	11.3
Total Suicides by Gender	4 011	3 895
Male	3 058	2 910
Female	953	985

Below general information is provided about suicide when looking at a person's lifespan and their age. Information for what place in the leading causes of death is provided as well as information about the percent of people that have died to suicide in that specified age range. Self-harm rates for hospitalizations are also given for the female population only.

Across the Life Span Suicide Information in Canada^{XLV}	
	<i>Information</i>
10 years old to 19 years old	<ul style="list-style-type: none"> • Suicide 2nd leading cause of death • Males account for 41% of 10–14-year-old suicides, increasing to 70% of 15–19-year-olds • Self-harm hospitalizations 72% females
20 years old to 29 years old	<ul style="list-style-type: none"> • Suicide 2nd leading cause of death • Males account for 75% of suicides • Self-harm hospitalizations 58% females

30 years old to 44 years old	<ul style="list-style-type: none"> • Suicide 3rd leading cause of death • Males account for 75% of suicides • Self-harm hospitalizations 56% females
45 years old to 64 years old	<ul style="list-style-type: none"> • Suicide 7th leading cause of death • Males account for 73% of suicides ○ Highest suicide rate across lifespan observed among males 45 to 59 years • Self-harm hospitalizations 56% females
65 years old and older	<ul style="list-style-type: none"> • Suicide 12th leading cause of death • Males account for 80% of suicides ○ Males aged 85+ experience the highest rate of suicides among seniors • Self-harm hospitalizations 52% females

Suicide Rates: Ontario

Suicide remains an issue across Canada’s largest province by population^{XLVI} as well – continuing to take thousands of lives every year. Below you will find information in chart format for suicide deaths and suicide rates in Ontario.

Total Suicide Deaths and Rates in Ontario^{XLVII}		
	<i>2019</i>	<i>2011</i>
Total Suicide Deaths	1 549	1 213
10 years old to 19 years old	87	70
20 years old to 29 years old	242	172
30 years old to 39 years old	248	170
40 years old to 49 years old	255	260
50 years old to 59 years old	321	274
60 years old to 69 years old	226	126
70 years old to 79 years old	99	84
80 years old and older	71	57
Population of Ontario at Time	14.45 million	13.26 million
National Suicide Rate (/100 000)	10.6	9.1
Total Suicides by Gender	1 549	1 213
Male	1 166	889
Female	383	324

Suicide Rates: Hamilton

When there is not much information about the suicide rates in Hamilton, suicide in Hamilton continues to be the leading cause of death of people 45 and under in Hamilton^{XLVIII}.

In 2017 in Hamilton, there were 2 753 hospitalizations due to mental health and psychiatric issues, the fourth leading cause of all hospitalizations. The rate for people over 12 with mood disorders has risen from 161 per 100 000 people to 198 per 100 000 people, an increase of 23%^{XLIX}.

Referrals to Eating Disorders Programs at McMaster’s Children’s Hospital for youth have increased by 90% over a 4-month period and admissions are only projected to increase by 33% over the next 12 months^L. With eating disorders being the deadliest mental health disorder/illness^{LI}, action is needed to be taken now to help curve the risks for eating disorders and other mental health disorders in people living in Hamilton – all to help reduce the risk for suicide and the suicide rates.

PART B: RECOMMENDATION REPORT

Recommendations

Recommendations to the City of Hamilton

The YMHM and its members make the following recommendations to the City of Hamilton and all of its departments:

- I. To recognise suicide in Hamilton as a public health priority and crisis
- II. To commit to improved access to mental health resources for all
- III. To commit to better protecting and improving community access to protective factors for suicide
- IV. To support a greater investment in research for mental health and suicide prevention
- V. To work with the Suicide Prevention Council every 3 years to review and update the suicide prevention strategy for Hamilton
- VI. To have a standing relationship with the Suicide Prevention Community Council of Hamilton where open dialog and debate about mental health and suicide prevention can be held as to improve suicide prevention efforts in the city
- VII. To provide city workers mental health education and training
- VIII. To work with people of all ages, including youth, to help community efforts in suicide prevention
- IX. To work with the Suicide Prevention Community Council of Hamilton to adopt this recommendation report and proposed suicide prevention strategy for Hamilton

Recommendations to the SPCCH

The YMHM and its members make the following recommendations to the Suicide Prevention Community Council of Hamilton:

- I. To work with the City of Hamilton every 3 years to review and update the suicide prevention plan for Hamilton
- II. To have a standing relationship with the City of Hamilton where open dialog and debate about mental health and suicide prevention can be held as to improve suicide prevention efforts in the city
- III. To improve efforts for community awareness of suicide prevention and cause of suicide through means of additional resources and outreach
- IV. To commit to meeting and having dialog with members of the community on a regular basis that have been affected by suicide as to help improve the councils outreach efforts
- V. To have regular outreach efforts within the community where members are able to get involved first-hand in outreach
- VI. To have youth representation on the Suicide Prevention Community Council of Hamilton where they work with the council to give input and help community outreach
- VII. To adopt this recommendation report and proposed suicide prevention strategy for Hamilton

Recommendations to Members of the Public

The YMHM and its members make the following recommendations to members of the public in Hamilton:

- I. To commit to working together to reduce the stigma around mental health and suicide
- II. To support and connect those who may be affected by mental health disorders and suicide to resources
- III. To access and use the suicide prevention strategy to help better understanding around what can be done to prevent suicide
- IV. To actively get involved in mental health awareness campaigns around the community
- V. To commit to a continued personal education about the mental health crisis and what can be done to help
- VI. To implement the suicide prevention strategy for Hamilton in daily activities

Recommendations to Businesses and Organizations

The YMHM and its members make the following recommendations to business, organizations, and non-profits in Hamilton:

- I. To access and use the suicide prevention strategy to help better understand what can be done to prevent suicide
- II. To commit to working to prevent suicide through daily activities
- III. To commit to educating and training employees and all other staff members for mental health and suicide prevention on a regular basis
- IV. To commit to supporting those in the community who may be struggling and work to connect them to resources
- V. To work with other community groups, businesses, and organizations, for community events that work to promote and end to the stigma surrounding mental health disorders, and work to improve the mental health of everyone
- VI. To implement the suicide prevention strategy for Hamilton in all workspaces

Recommendations Under the MHCC Roots of Hope^{LII}

Specialized Supports

Under the Mental Health Commission of Canada’s (MHCC) Roots of Hope campaign, specialized supports are defined as “prevention, crisis, and post-crisis services such as peer support, support groups (including self-help), workplace interventions, and coordinated planning and access to services.”

The YMHM Canada and its members make the following recommendations under the MHCC Roots of Hope campaign for a new suicide prevention strategy for Hamilton:

- I. An increased availability and eligibility for individuals in Hamilton to access support groups
- II. Increased awareness about the number of support services and crisis lines in Hamilton
- III. Having individual mental health plans for individuals that leave crisis support centres or support groups
- IV. Having out reach teams check-in on the mental health of community members to help flag possible suicidal behaviours in the community
- V. An increase in awareness of the crisis supports numbers in Hamilton and who is able to reach out through them
- VI. Increases support groups in Hamilton for youth and students
- VII. Increased support groups in Hamilton for highly-affected areas
- VIII. Increased support groups in Hamilton for marginalized community members
- IX. Increased individual care in Hamilton for individuals wishing to access it instead of support groups (for youth, students, marginalized community members, and all other community members)

Training and Networks

Under the MHCC Roots of Hope campaign, training and networks are defined as “training and learning opportunities for healthcare providers such as physicians and nurse practitioners as well as community gatekeepers such as first responders, human resource staff and teachers.”

The YMHM Canada and its members make the following recommendations under the MHCC Roots of Hope campaign for a new suicide prevention strategy for Hamilton:

- I. The implementation of community mental health courses for healthcare providers, first responders, and staff members to be held on a regular basis
- II. The opportunity for the listed above individuals to have access to training webinars on a regular basis that they are able to attend to keep their training and knowledge about mental health related topics up-to-date
- III. Having teacher and education staff specific mental health training and mental health information sessions on a regular basis
- IV. Having first responder and first responder staff specific mental health training and mental health information sessions on a regular basis

- V. Allowing access to the most up-to-date information on mental health, suicide, and other mental health related topics to all the individuals listed above
- VI. Allowing networks of mental health professionals to connect with the listed above individuals on a regular basis to allow for any questions, concerns, and to provide more information about mental health (in groups or individually)

Public Awareness Campaigns

Under the MHCC Roots of Hope campaign, public awareness campaigns are defined as “locally-driven campaigns to promote mental health awareness (posters, brochures, social media etc.) and collaboration with the media. Follow these practices to create an effective suicide prevention awareness campaign and have safer conversations about suicide on social media.”

The YMHM Canada and its members make the following recommendations under the MHCC Roots of Hope campaign for a new suicide prevention strategy for Hamilton:

- I. An increase in posters and support signs for mental health services and crisis lines in schools, city offices, local businesses, and public buildings and gathering spaces
- II. Monthly or bi-monthly mental health campaigns on social media by the City of Hamilton and the SPCCH to promote awareness for mental health and suicide prevention
 - Campaigns focused on facts and figures, people with lived experiences, ending the stigma, and advertisement on crisis lines and supports
- III. Having local webinars and/or groups to provide information about mental health, suicide, and other mental health related information to members of the public on a large scale
- IV. An increase in community mental health awareness events for youth and students
- V. An increase in community mental health awareness events for marginalized community members
- VI. Website sections/pages and promotion campaigns for providing information on mental health and suicide

Means Safety

Under the MHCC Roots of Hope campaign, means safety is defined as “identification of the methods or places where a high number of suicides occur and implementation of measures to ensure safe access to them. For example, building barriers on bridges or at railway crossings, protocols for medication access and more. Follow these practices to keep your loved ones safe and help reduce suicides by creating a safer home.”

The YMHM Canada and its members make the following recommendations under the MHCC Roots of Hope campaign for a new suicide prevention strategy for Hamilton:

- I. Placing barriers along all walkways with steep slopes or long falls down
- II. Placing barriers along walkways with possible deadly options if a person was to fall down it

- III. Placing more heavy-duty barriers or fully restricting access around hot-spot sections and spots of the city (such as bridges, bridge walkways, mountain views, etc.) where suicide attempts are high
- IV. Placing help buttons that page/call emergency services or the suicide prevention crisis line around hot spot locations in the city where suicide attempts are high

Research

Under the MHCC Roots of Hope campaign, research is defined as “setting of research priorities, surveillance and monitoring and evaluation of the project.”

The YMHM Canada and its members make the following recommendations under the MHCC Roots of Hope campaign for a new suicide prevention strategy for Hamilton:

- I. Monitoring and checking in with individuals that have been released from a mental health clinic with the purpose of checking in on their well being as well as to see how it improves their mental health once released
- II. Investing in youth mental health disorder research
- III. Investing in youth suicide prevention research
- IV. Investing research in finding new ways to help prevent or mitigate mental health disorders
- V. Investing research in finding new ways to prevent suicide and provide supports to people suffering from suicidal behaviours
- VI. Making youth suicide prevention a research priority
- VII. Making marginalized individuals suicide prevention a research priority
- VIII. Making the finding of new mental health supports that work to help people living with a mental health disorder and people who may have suicidal behaviours a priority

***PART C: PROPOSED HAMILTON SUICIDE PREVENTION
STRATEGY***

Introduction

The YMHM Canada visions a world where the mental health of everyone is taken as the top priority and suicide rates are lowered through true action and change.

The development of this new proposed suicide prevention strategy, found in the next section and following pages, is here to help aid in showing what a modern suicide prevention strategy could look like to help lower the suicide rates in Hamilton and help prevention suicide while aiding people who may be experiencing suicidal thoughts and/or actions.

It is important to remember that the following pages are NOT the current suicide prevention strategy for Hamilton nor one designed by the City of Hamilton or the SPCCH. The following pages are part of this recommendation report by the YMHM Canada for a new suicide prevention strategy.

While not the official strategy, the YMHM Canada is hoping that this proposed suicide prevention strategy can be implemented in full or in part by the SPCCH to help aid in the suicide prevention, awareness, and stigma ending for people who living in Hamilton.

New Proposed Hamilton Suicide Prevention Strategy

Principles

This Proposed Hamilton Suicide Prevention Strategy by the YMHM Canada is guided by the following principles:

- I. Suicide is an urgent public health crisis in Hamilton and across Canada
- II. Suicide and suicide risks can be mitigated through public awareness, ending the stigma, and additional resources that can be accessed
- III. Awareness is needed and action is needed urgently
- IV. Services for suicide prevention, intervention and postvention should complete the following:
 - Be funded fully and adequately
 - Be non-judgemental, friendly, and resourceful
 - Be accessible by everyone no matter age, gender, social status, or anything else
 - Should include family, friends, and other individuals that the person seeking help wishes to have present
 - Should provide recovery based and evidence-based strategies to help an individual recover from a mental illness or mental health problem as well as prevent possible suicide risks and behaviour
 - Should take into account personal beliefs and preferences
 - Should be modern and coincide with the most accurate and updated information on prevention, intervention, and postvention
- V. Awareness of mental health services and suicide prevention services in Hamilton is needed

Purpose

The purpose of this Proposed Hamilton Suicide Prevention Strategy by the YMHM Canada is to help make recommendations for a new suicide prevention strategy for Hamilton and to help guide in what it is that the youth of Hamilton want to see included in the new strategy.

Aim

The aim of this Proposed Hamilton Suicide Prevention Strategy by the YMHM Canada is to provide meaningful recommendations and to help show a new, modern, meaningful, and impactful suicide prevention strategy for Hamilton.

Objectives and Actions

Commitment From All

Objective: To increase commitment from all members and organizations in Hamilton for suicide prevention and for the suicide prevention strategy for Hamilton

Actions:

- Identify, spot, draft, and implement new resources within the community to increase awareness and commitment to the strategy
- Receive formal commitments from organizations, businesses, individuals, and everyone else within Hamilton to commit to recognizing, promoting, and aiding with the promotion of the suicide prevention strategy for Hamilton
- Hold public awareness campaigns to give information on the strategy and receive formal commitments to the strategy

Awareness and Understanding

Objective: To increase public awareness around suicide, suicide prevention, and the mental and public health crisis that suicide is within Hamilton

Actions:

- Hold free public awareness campaigns for members of the public and organizations, businesses, and for everyone else in Hamilton on a regular basis
- Promote other organizations that are working for suicide awareness and prevention and the work that they are doing
- Implement public awareness campaigns on a regular basis through posters, website sections, social media campaigns, and large media campaigns to raise awareness around suicide prevention and the public health crisis
- Work with local news and media outlets to release and give information on suicide prevention and to raise awareness of the public health crisis
- Work to have better, easily accessible, and accurate information on suicide, suicide prevention, the public health crisis, and ending the stigma around suicide
- Support local activities and/or events that work to raise awareness around suicide and suicide prevention
- Hold large scale events within the community with community organizations and groups that engage members of the public and raise awareness for suicide prevention
 - Events on World Mental Health Day
 - Events on World Suicide Prevention Day
 - Events throughout Canadian Mental Health Awareness Week

Stigma and Discrimination

Objective: To decrease the stigma surrounding suicide and suicidal behaviours and to eliminate the discrimination that individuals may incur after a suicide attempt, thoughts of suicide, or for seeking help

Actions:

- Increase awareness around factors that lead to suicidal behaviours and possible suicide attempts
 - Physical factors
 - Biological factors
 - Environmental factors
 - Family/genetic factors
 - And all other internal and external factors
- Promote talking about suicide and suicide prevention
- Promote talking about personal experiences with suicide and suicidal thoughts
- Promote other organizations and/or groups that are working to end the stigma and discrimination around suicide and suicide prevention
- Promote community events that work to end the stigma and discrimination around suicide and suicidal behaviours
- Hold large scale events that work to breakdown the barriers around suicide and suicidal thoughts
 - Events on World Suicide Prevention Day
 - Events on World Mental Health Day
 - Events throughout Canadian Mental Health Awareness Week
- Create a public stigma and discrimination team to create, provide, promote, and distribute information to members of the public that breaks the stigma around suicide and suicidal behaviours as well as that answers questions that members of the public may have
- Promote and continue to use and increased the usage of less stigmatizing words and descriptions for suicide, suicidal behaviours, and mental health disorders in general

Knowledge Development & Education

Objective: to increase community knowledge and education for suicide and suicide prevention as well as factors that could lead to suicidal behaviours

Actions:

- Work to engage individuals in Hamilton to take part and participate in community mental health education and awareness sessions
- Work to engage individuals in Hamilton to take part in events that break the stigma and provide education and information for suicide prevention
- Promote other community organizations that improve community knowledge development and education for suicide prevention, suicide, and mental health disorders in general

- Work with community organizations and/or groups to provide education and knowledge development sessions to members of the public on a regular basis for free or little cost
- Foster and promote fair education for everyone
- Committee to providing and using only the most accurate information on suicide and suicide prevention for knowledge development and education
- Work to increase education and knowledge around all of the factors that could cause suicidal behaviours and suicide
 - Through public outreach campaigns
 - Through social media campaigns
 - Through information sessions
- Work to increase access for everyone to education sessions and knowledge development sessions on suicide and suicide prevention and for the causes that could lead to a suicide attempt
- Offer regular free specific information sessions for knowledge development and education to public servants, first responders, teachers, teaching staff, and other individuals who may be in need of more advanced knowledge for how to spot suicidal behaviours
- Offer information sessions to members of the public on the types of resources that are available and how they could be helpful to people who are experiencing suicidal behaviours or thoughts
- Create and provide information packages and/or presentations about suicide, suicidal behaviours, causes, affects, and resources for members of the public that are filled with only the most accurate and up-to-date information
 - May be places around the city of Hamilton in places where members of the public frequent, where suicide rates are higher, where there is a known greater risk for suicide, and where members of the public can easily access and take one if they wish for on
 - May also be places online so that it can be accessed and downloaded to an individual's device
- Work to increase access to information and education packages on suicide prevention and suicidal behaviors for members of the public
- Work with local school boards, universities, collages, and other education groups to incorporate suicide prevention and awareness education within all school institutions on a regular basis for students of all ages

Prevention, Intervention, and Postvention

Objective: to increase awareness around prevention, intervention, and postvention, and what individuals can to do help aid in each area

Actions:

- Hold information sessions on prevention, intervention, and postvention
- Work to encourage individuals to get involved with suicide prevention activities, events, and sessions

- Promote and work with other organizations and/or groups that are working for prevention, intervention, and postvention activities and awareness
- Work to support individuals affected during the postvention stage of a suicide loss through working to provide supports, access to information, resources, and mental health care groups
- Work to increase public awareness around what they can do in the prevention stage to help stop suicide
- Continue to have an easily accessible, reliable, and up-to-date list of all services available for individuals, their family, friends, and members of the public at large for prevention, intervention, and postvention services in Hamilton
 - Expand this list to include Hamilton and the surrounding areas as well
- Work with local medical professionals to create and provide prevention, intervention, and postvention awareness to community members
- Work to create a better process for individuals' families and friends who may be going from the intervention stage to postvention stage of suicide
- Work to create better access to services and awareness of these services for postvention families and friends

Training

Objective: To increase and provide training for all individuals in Hamilton

Actions:

- Continue to improve media coverage of suicides through a continued providence of toolkits, resource lists, and vocabulary terms for when reporting on suicides
- Provide members of the media with media specific suicide prevention, intervention, postvention, and reporting training
- Work with school boards, universities, colleges, and all other education groups to provide training to students who wish to have it for suicide awareness so they are able to know the signs of a possible suicidal individual
- Work to provide free, easily accessible training to any members of the public who wish to seek it for suicide prevention and general awareness
 - To be given on a regular basis in order to keep up with the most accurate and resourceful information for suicide and suicide prevention
- Work to provide free, easily accessible training to all teachers, teaching staff, and any other education staff for suicide prevention, intervention, and general awareness
 - To be given on a regular basis in order to keep up with the most accurate and resourceful information for suicide and suicide prevention
- Work to provide free, easily accessible training to all first responders, first responders staff, members of the city and city departments, as well as all other public servants for suicide prevention, intervention, and general awareness
 - To be given on a regular basis in order to keep up with the most accurate and resourceful information for suicide and suicide prevention

- Work to provide free, easily accessible training to all medical staff, doctors, medical students, and incoming medical professionals as well as all other medical professionals for suicide prevention, intervention, and general awareness
 - To be given on a regular basis in order to keep up with the most accurate and resourceful information for suicide and suicide prevention
- Work to increase the number of people in Hamilton who are trained for suicide prevention, suicide awareness, and suicide intervention
- Work to support all training initiatives for suicide prevention, intervention, and postvention as well as mental health in general within Hamilton
- Encourage the taking of suicide prevention training through social media campaigns, public outreach, and in person campaigns
- Encourage and provide all organizations, groups, institutions, businesses, and other associations in Hamilton to provide suicide prevention training to its members

Support Services and Crisis Lines

Objective: To increase awareness around mental health and suicide prevention services in Hamilton and to work to better their access for community members in Hamilton

Actions:

- Work to increase awareness of support services in Hamilton through social media campaigns, public information sessions, posters, and website developments
- Work to increase awareness of crisis lines and crisis supports in Hamilton through social media campaigns, public information sessions, posters, and website developments
- Work to provide the supports needed to crisis lines and support services to support the number of people that are using them
- Work to increase the capacity of support services in Hamilton and expand the number of people who are able to access and use these services when experiencing suicidal thoughts
- Work with Hamilton Police Services, Halton Regional Police, and St. Joseph's Healthcare Hamilton to increase the reach and availability of COAST Hamilton and of the Mobile Crisis Rapid Response Team (MCRRT) throughout all times of the day
- Work with hospitals, healthcare centers, and other community health care providers to increase knowledge, access, and availability for mental health support services and crisis lines

Advocacy

Objectives: To continue a community that is dedicated to advocating for suicide prevention and mental health advocacy

Actions:

- Continue to push government bodies to do more for suicide prevention
- Continue to push community business, groups, organizations, and all other associations to adopt a suicide prevention and intervention strategy of their own

- Continue to push community business, groups, organizations, and all other associations to advocate for suicide prevention and mental health as well as to commit themselves to suicide prevention in their own communities
- To seek out political supports on all levels of government to increase awareness of suicide in government and to push for policy changes to decrease suicide rates
- Work to engage all members of the public in Hamilton to advocate for suicide prevention and awareness through attending events, information sessions, getting training, and all other activities that help break down the stigma
- Advocate for better access to suicide prevention services for people of all ages
- Advocate for better funding for suicide prevention services for people of all ages
- Advocate for better awareness for suicide prevention services for people of all ages
- Advocate for less wait times for suicide prevention services for people of all ages

Next Steps

This document and all pages before this have been presented in the form of a Recommendation Report for a New Suicide Prevention Strategy for Hamilton with sections for background information on suicide, a recommendation report, and a proposed suicide prevention strategy for Hamilton. The YMHM Canada has worked to help provide meaningful, impactful, and truly helpful recommendations and a draft of a proposed suicide prevention strategy to be presented to the Suicide Prevention Community Council of Hamilton (SPCCH) and to the City of Hamilton.

The background information highlights the need for an updated suicide prevention strategy while the recommendation report makes the needed recommendations to create true change and implement a meaningful new suicide prevention strategy for Hamilton and its residence to help stop suicide in all individuals – of all ages, genders, backgrounds, and everything else.

The YMHM Canada hopes that this Recommendation Report for a New Suicide Prevention Strategy for Hamilton will help create the change that we need for a new suicide prevention strategy to be created, and with the input and recommendations that have been found in this report. Working from this report and other materials to create a strategy that will help to curve suicide rates in Hamilton and the surrounding areas and provide the accessibility, resources, care, and compassion that people living with suicidal thoughts need.

The YMHM Canada looks forward to the submission and implementation of this recommendation report to the SPCCH and to the City of Hamilton, as well as looks forward to suicide awareness for local business, organizations, members of the public, and everyone else in the Hamilton area as well as around Canada.

A world where there is no suicide and the mental health of everyone is taken as the top priority is the world that the YMHM Canada is seeking – get loud about what really matters most.

PART D: APPENDICES AND ENDNOTES

Appendices

Appendix A: Glossary

Affective disorders – see mood disorders

Anti-oppressive framework – a way of thinking that helps to identify and resist

oppression. Critical components are anti-racism, anti-sexism, anti-heterosexism, anti-ablism, anti-ageism, and an understanding of class oppression

Bipolar disorder – a mood disorder characterized by the presence or history of manic episodes, usually, but not necessarily, alternating with depressive episodes

Causal factor – a condition that alone is sufficient to produce a disorder

Comorbidity – the co-occurrence of two or more disorders, such as depressive disorder with substance use disorder

Consumer – a person who has lived experience with mental illness

Consumer survivors– consumers who consider themselves survivors of mental health services

Contagion – a phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts

Cultural competence – refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) attitude towards cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures

Depression – a constellation of emotional, cognitive and somatic signs and symptoms, including sustained sad mood or lack of pleasure

Device – an electronic object such as a phone, computer, or tablet

Effective – prevention programs that have been scientifically evaluated and shown to decrease an adverse outcome or increase a beneficial outcome in the target group more than in a comparison group

Evaluation – the systematic investigation of the value and impact of an intervention or program

Evidence-based – programs that have undergone scientific evaluation and have proven to be effective

Frequency – the number of occurrences of a disease or injury in a given unit of time; with respect to suicide, frequency applies only to suicidal behaviors which repeat over time

Gatekeepers (suicide gatekeepers) – individuals trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate

Goal – a broad statement of general purpose to guide planning, focused on the end result of the work

Intervention - refers to activities aimed at the immediate management of the suicidal crisis as well as longer term care and treatment of individuals at risk e.g. crisis lines, individual therapy, protocols for inter-agency collaboration for at risk individuals

LGBTQ – acronym for lesbian, gay, bisexual, transgender, queer

Means – the instrument or object whereby a self-destructive act is carried out (e.g. firearm, poison, medication)

Means restriction – activities designed to reduce access or availability to means and methods of deliberate self-harm

Methods – actions or techniques which result in an individual inflicting self-harm (i.e., asphyxiation, overdose, jumping)

Mood disorders – mental disorders that are characterized by a prominent or persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states, or, if in the opposite direction, depressed emotional states. Included are Depressive Disorders, Bipolar Disorders, mood disorders due to a medical condition, and substance-induced mood disorders

Objective – a specific and measurable statement that clearly identifies what is to be achieved in a plan; it narrows a goal by specifying who, what, when and where or clarifies by how much, how many, or how often

Outcome – a measurable change in the health of an individual or group of people that is attributable to an intervention

Personality disorders – a class of mental disorders characterized by deeply ingrained, often inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress

Postvention - refers to activities that deal with the aftermath of a suicide e.g. interdisciplinary emergency debriefing teams or bereavement support groups

Primary prevention - refers to activities that create healthy and supportive environments where risk factors are minimized and protective factors are increased e.g. building youth self-esteem, parenting programs

Protective factors – factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment

Public information campaigns – efforts designed to provide facts to the general public through various media such as radio, television, advertisements, newspapers, magazines, and billboards

Rate – the number per unit of the population with a particular characteristic, for a given unit of time

Resilience – capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes

Risk factors – factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment

Secondary prevention - refers to activities that prevent the onset of suicidal crises with individuals who are identified as at risk e.g. gatekeeper training

Substance use disorder– the condition involving the misuse of, dependence upon, or addiction to any substance, including alcohol

Suicidal behaviour – a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide

Suicidal ideation – thoughts of engaging in suicide-related behavior

Suicide – death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death

Suicide attempt – a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries

Suicide prevention – activities directed toward the reduction of suicidal behaviour

Suicide survivors – family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors

Appendix B: Mental Health Crisis Resources

Kids Help Phone

Phone: 1-800-668-6868

Message: CONNECT to 686868

Website: www.kidshelpphone.ca

Good2Talk Ontario

Phone: 1-866-925-5454

Message: GOOD2TALKON to 686868

Website: www.good2Talk.ca/ontario

COAST Hamilton

Phone: 905-972-8338

Website: coasthamilton.ca

Ontario Crisis Line (ConnexOntario)

Phone: 1-866-531-2600

Website: www.connexontario.ca

Canadian Suicide Prevention Line

Phone: 1-833-456-4566

Message: CONNECT to 45645

Website: www.crisisservicescanada.ca

Note: message option only available from 4pm EST to 12am EST

First Nations and Inuit Hope for Wellness

Phone: 1-855-242-3310

Website: www.hopeforwellness.ca

Talk4healing (for Indigenous women only)

Phone: 1-855-554-4325

Trans Lifeline

Phone: 1-877-330-6366

Website: <https://translifeline.org>

LGBTQ+ Lifeline

Phone: 1-800-268-9688

Message: 647-694-4275

Website: www.youthline.ca

Appendix C: About the Suicide Prevention Community Council of Hamilton^{LIII}

The Suicide Prevention Community Council of Hamilton (SPCCH) is a not-for-profit organization involving professionals and individuals from the community who are interested in suicide prevention and its related issues. The Council was established in 1980 and continues to function through the commitment of volunteers and various agency representatives. The council was recently incorporated and granted charitable status. In 2008, a Board of Directors was established to oversee the Council at large, and guide the working committees (Education & Awareness, Conference, Fundraising and Strategy).

Appendix D: About the City of Hamilton (Government)

Hamilton's municipal government is headed by an elected Mayor and 15 city councillors. There is one city councillor per city ward in Hamilton each representing the people living in their ward on the city level. The Province of Ontario grants the Hamilton City Council authority to govern through the Municipal Act of Ontario and as such, government is formed.

The city is made up of the main council that runs the city as well as many departments and local agencies who, together, all work to improve the lives of everyone who lives and visits Hamilton throughout the year.

For more information about the government in the city of Hamilton, please visit the city website at www.hamilton.ca/government-information.

Appendix E: About the Selection of Data Sources Used in this Report

The YMHM Canada is dedicated to only using the most accurate, fair, and informative information and data that is able to be received. As such, the YMHM Canada took steps to ensure that all data that has been used in the creation of this recommendation report is from reputable and informative sources from Canada, the United States of America, and other organizations within these countries.

Data was only selected to be added to this report if it met the following requirements:

- Had a publication date
- A publisher and/or author
- Was a publicly known organization
- Was a Canadian or American organization
- Was a registered organization with the CRA or as a non-profit
- Was a registered known group (ex. University research centres)

In addition to the requirements above, data was also selected to be in this report if it came from a government source or website such as canada.ca.

Appendix F: Mental Health Organizations Contact Information

Mental Health Commission of Canada

Phone: 613-683-3755

Email: mhccinfo@mentalhealthcommission.ca

Website: mentalhealthcommission.ca

National Eating Disorder Information Centre

Phone: 416-340-4156

Email: nedic@uhn.ca

Website: nedic.ca

Canadian Mental Health Association – National

Phone: 416-646-5557

Email: info@cmha.ca

Website: cmha.ca

Canadian Mental Health Association – Ontario

Phone: 416-977-5580

Email: info@ontario.cmha.ca

Website: ontario.cmha.ca

Canadian Mental Health Association – Hamilton

Phone: 905-521-0090

Email: info@cmhahamilton.ca

Website: cmhahamilton.ca

Suicide Prevention Community Council of Hamilton

Phone: N/A

Email: info@spcch.org

Website: spcch.org

Ontario Association for Suicide Prevention

Phone: N/A

Email: N/A

Website: suicidepreventionontario.ca

Centre for Suicide Prevention

Phone: 403-245-3900

Email: N/A

Website: suicideinfo.ca

Canadian Association for Suicide Prevention
Phone: 613-702-4446
Email : casp@suicideprevention.ca
Website: suicideprevention.ca

Appendix G: YMHM Canada Contact information

Youth Mental Health March Canada (YMHM Canada)

Email: yhmcanada@gmail.com

Website: www.yhmarch.com

Instagram: @yhmcanada

Twitter: @yhmcanada

Facebook: @yhmcanada

Joshua Bell

President & CFO, YMHM Canada

Phone: 905-928-0245

Email: jbelle.yhm@gmail.com

Website: www.yhmarch.com/committee

Endnotes

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