Addressing Suicide in Niagara:

Suggested Action Steps

Arising from the 2014 Niagara Suicide Prevention Coalition Report on Suicide in the Niagara Region

Niagara Suicide Prevention Coalition

niagarasuicideprevention.weebly.com

Contents

Introduction

In 2014, the Niagara Suicide Prevention Coalition (NSPC) updated its 2008 strategic plan to highlight the prevalence of suicide in the Niagara Region of Ontario. The report includes statistics gathered on suicide and self-harm in Niagara. Suicide and self-harm are slated to be addressed within the Implementation Phase of the Niagara Mental Health and Addictions Charter, beginning in the fall of 2014.

This report includes suggested action steps to guide community leaders and policy makers in assigning resources to address suicide and self-harm in Niagara. These suggested action steps will help guide Niagara to become a more suicide-safe community. The following summary outlines pertinent statistics as well as the suggested action steps, including the current status of community action already taken within each action step.

Statistics

It has been noted that suicide is a community health problem. The following section outlines suicide and intentional self-harm related data taken at the national, provincial and regional level. Data is also presented from mental health and addictions agencies across Niagara. These regional statistics are broken down by age and gender. Data regarding specific community agencies can be found in the appendix at the end of this document.

Statistics: National

In Canada approximately 3,750 Canadians die by suicide each year. Suicide is the second leading cause of death for teenagers and the leading cause of non-accidental death for youth (Statistics Canada, 2009). Suicides broken down by gender and then shown relative to other causes of injury-related deaths are presented in this section.

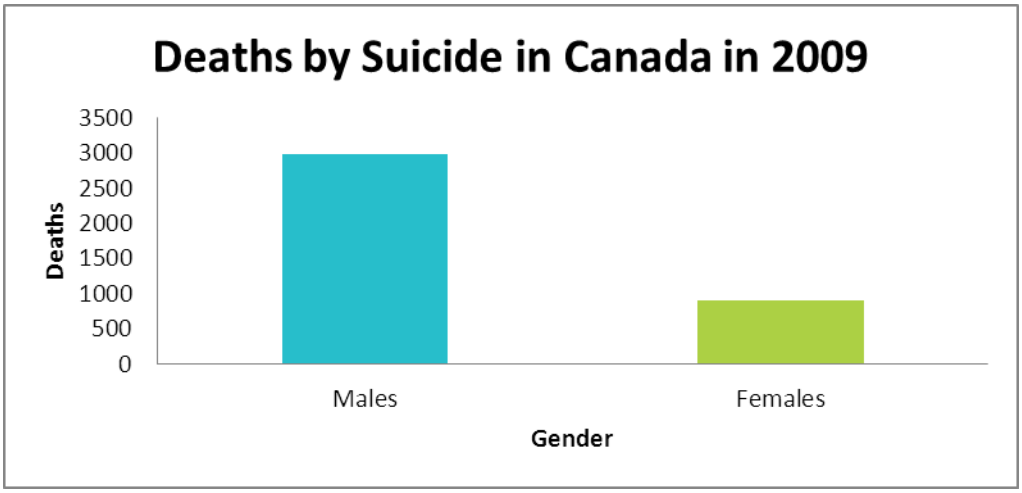

Figure 1: Deaths by suicide in Canada in 2009. This shows a higher death rate for males (Statistics Canada, 2009).

The following is a list of other pertinent National statistics on suicide in relation to other injury-related deaths. Figure 2 displays deaths by suicide in Canada relative to other injury-related deaths.

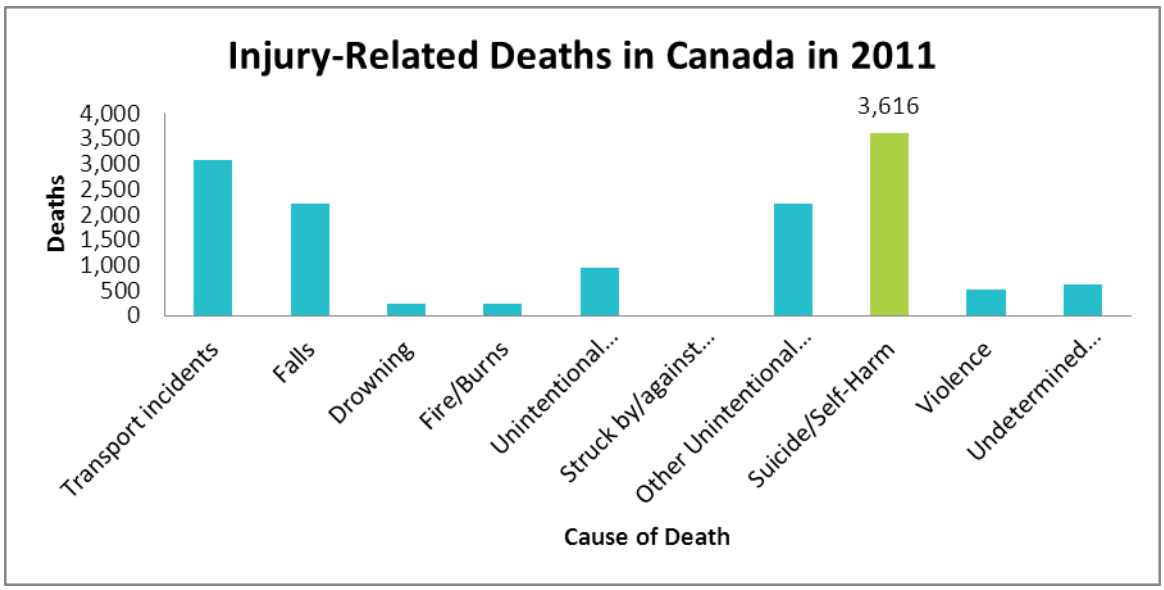

Figure 2: Number of injury-related deaths broken down by cause in Canada. (Smartrisk, 2009).

Summary of National Statistics

- Men are 3 times more likely to die by suicide in Canada (Statistics Canada 2012).
- Females are 3 to 4 times more likely to attempt suicide (Statistics Canada 2012).
- Suicide is the 3rd leading cause of death between ages 14 and 44 (Bethell & Rhodes, 2009)
- Suicide is the second leading cause of death for teenagers and the leading cause of non-accidental death (Statistics Canada, 2011)
- The direct cost of suicide and intentional self-harm is then $2,442 million per year (SMARTISK, 2009). Therefore, a strategy for suicide prevention is not only an ethical necessity, but an economic one as well.

Statistics: Provincial

In Ontario, there are approximately 1,000 deaths by suicide per year (Ontario Association for Suicide Prevention, Canadian Mental Health Association, 2006).

Statistics: The Niagara Region

In Niagara approximately 45 people die by suicide per year. That equals one death every nine days (Intellihealth Ontario, 2009). The literature estimates that for every death by suicide there are 400 attempts (Kostenuik & Ratnapalan, 2010). This suggests there are 18,000 suicide attempts in Niagara every year. This section highlights the issue of suicide and intentional self-harm in the Niagara Region.

Statistics were gathered from the Intellihealth database system as well as from several Niagara agencies providing aggregate data based on their clientele.

Deaths in Niagara

From 2007-2009 an average of 45 Niagara Residents died from intentional self-harm injuries. This is roughly equivalent to one death every nine days.

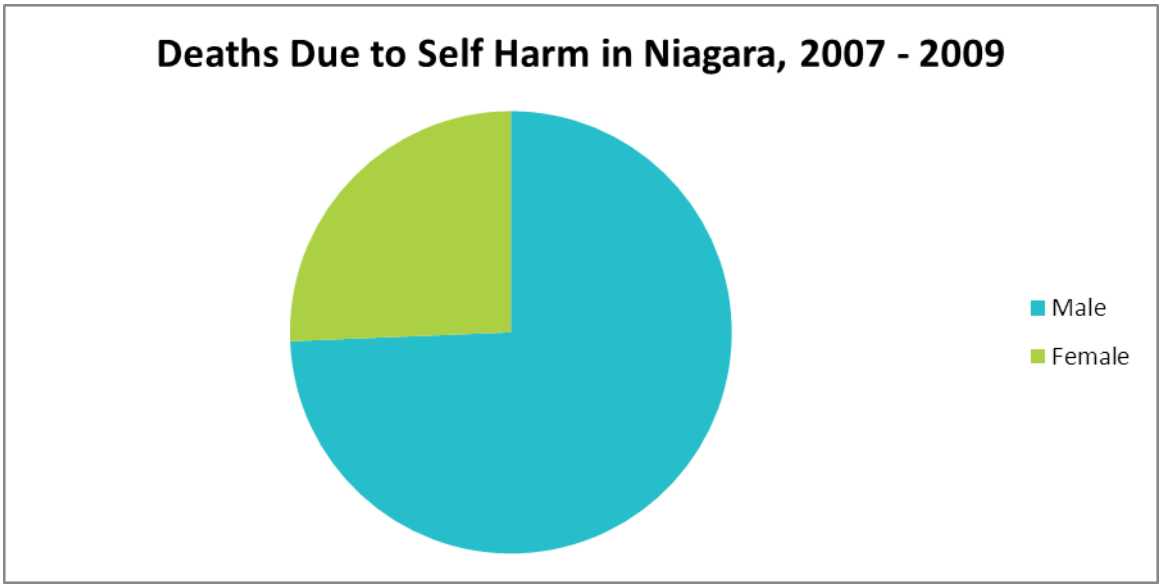

Figure 3: Deaths by suicide by gender, 2007-2009. In Niagara almost 75% of all deaths were males. Average total was 45 deaths.

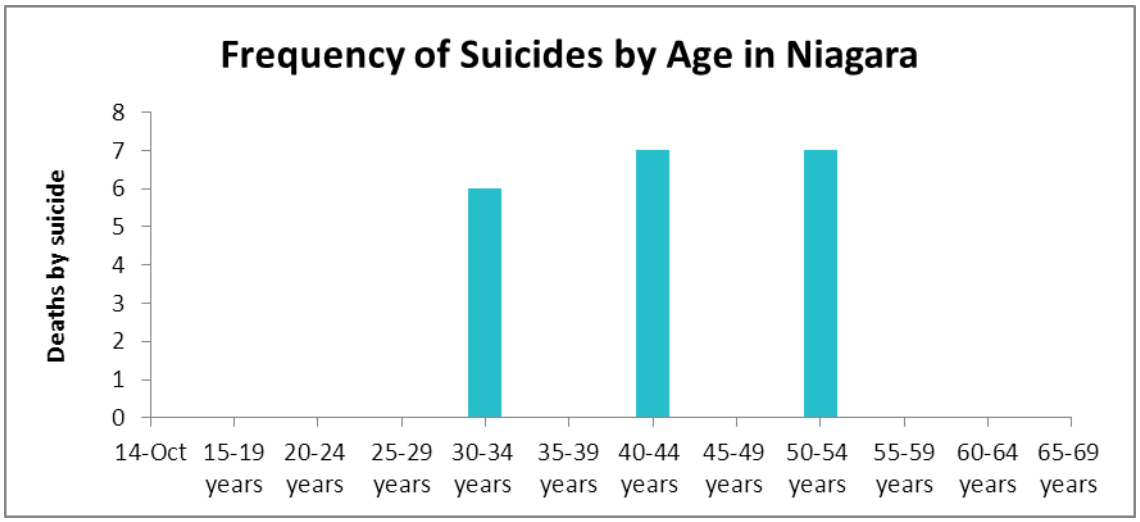

Figure 4: The highest number of deaths by suicide in Niagara between 2007 and 2009 occurred in the 40-44 and 50-54 age groups. Data was not available for other age groups as numbers for them were less than 5 and therefore not shown.

Niagara Agency Statistics

Emergency Department Visits

In 2011 there were 831 Emergency Room (ER) visits for intentional self-harm. This equals approximately 2 ER visits per day. Figure 5 shows the distribution of ER visits by gender. Figure 6 breaks down ER visits by age.

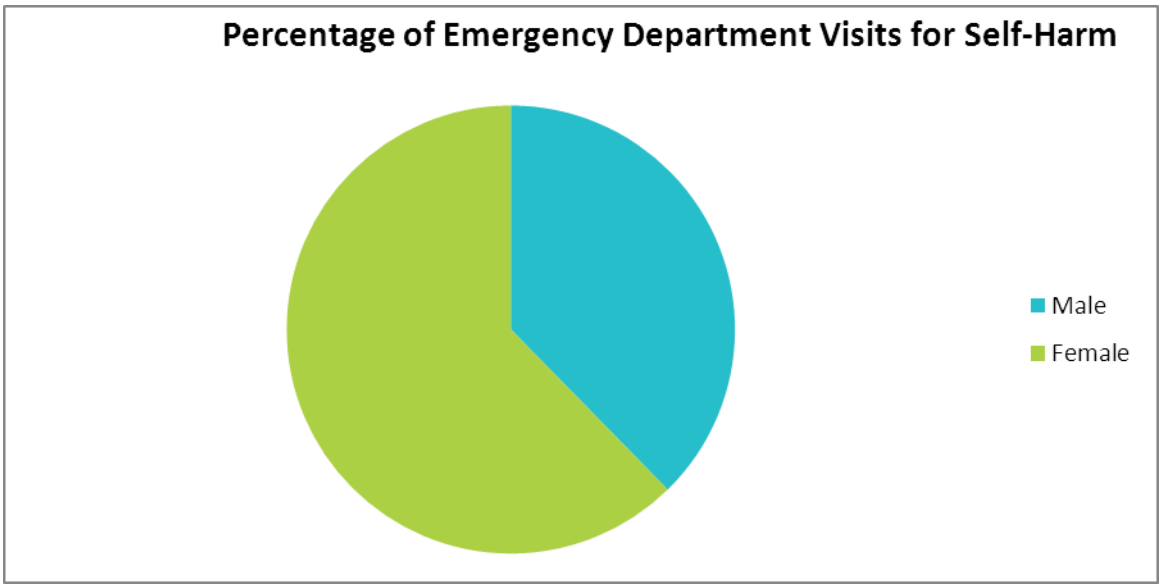

Figure 5: In 2011, over 62% of the 831 ER visits in Niagara for intentional self-harm were by females.

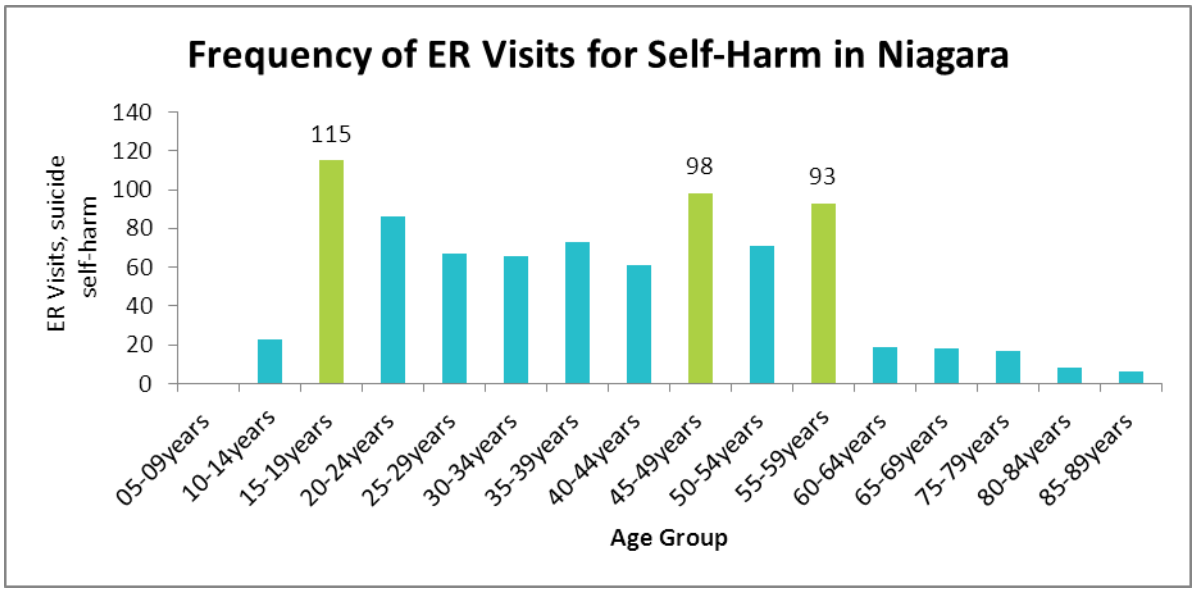

Figure 6: This graph shows the 2011 frequency of ER visits in Niagara for self-harm broken down by age groups. There were a total of 831 ER visits in 2011 over 62% of which were female. Orange indicates the 3 highest age groups.

Hospital Admissions

In 2011, the total number of hospital admissions in Niagara for self-harm was 289. Over 62% of these admissions were female. Admissions were highest in the age group 15-19 years and 45-49 years.

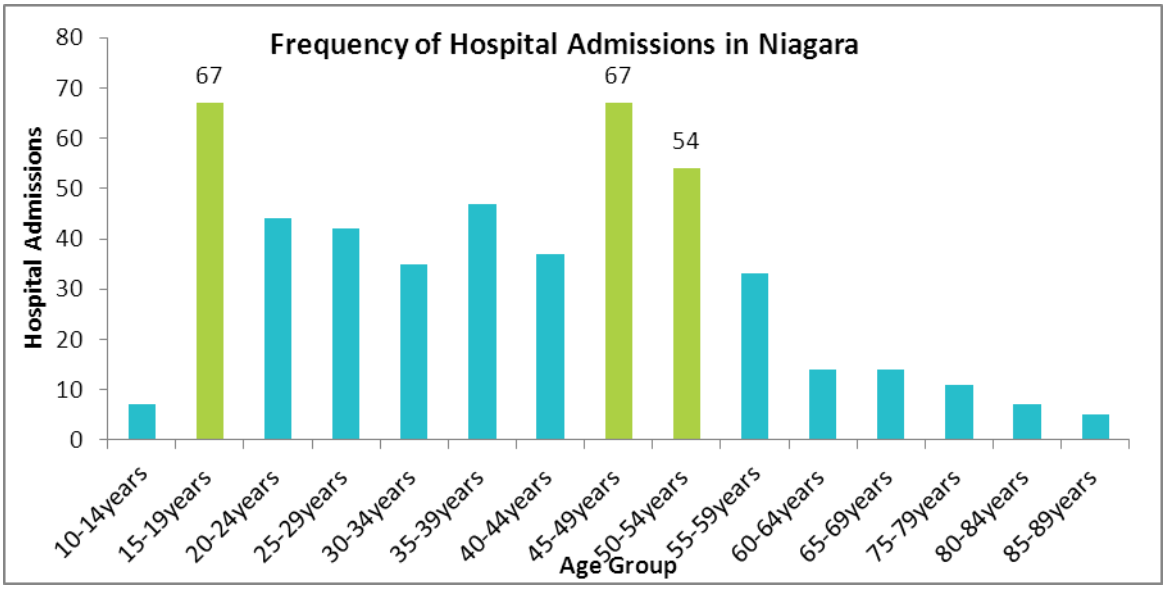

Figure 7: Hospital admissions in Niagara by age for intentional self-harm. Total admissions for 2011 was 489 and 62% of these admissions were females.

Niagara Emergency Services

On average there are 618 individuals who call Niagara EMS each year due to suicidal ideation. The number of suicidal ideation calls increased in the 3 years from 2010 to 2012.

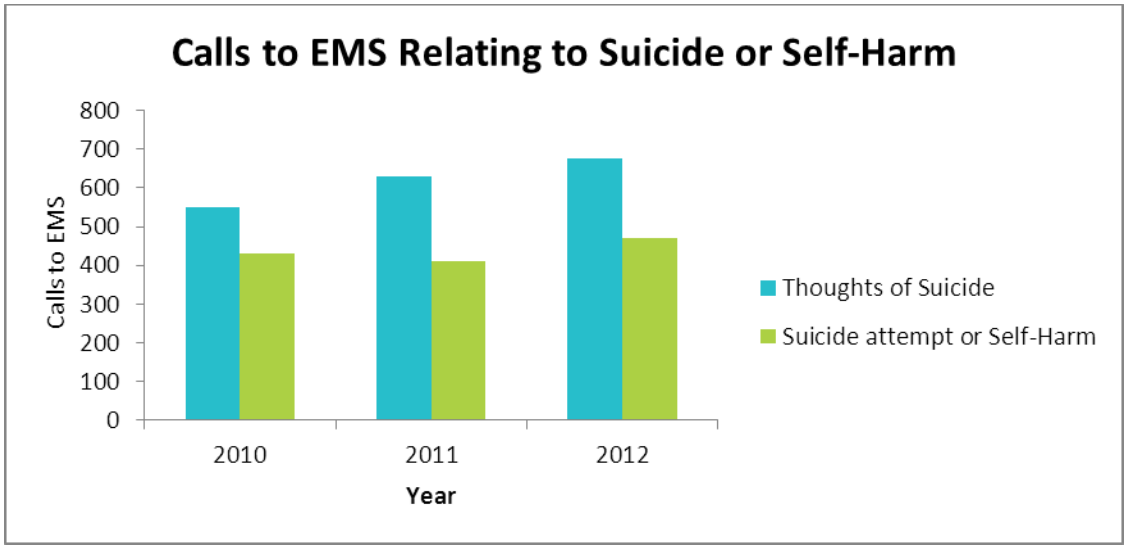

Figure 8: Niagara Emergency Medical Services. Calls relating to suicide or intentional self-harm

Suggested Action Steps

Based on Niagara statistics on the prevalence of suicide and self-harm, the following suggested action steps were created. It is known that we all live on a continuum of mental wellness. This ranges from people being mentally well to being mentally ill. Given that research indicates that up to 90 percent of individuals who die by suicide have a diagnosable mental illness or could have been diagnosed at the time of suicide (Conwell et al., 1996; Arsenault-Lapierre et al., 2004), it is important to have suicide prevention strategies implemented within a larger framework of mental wellness.

The following action steps are meant to work within goals defined by the Niagara Mental Health and Addictions Charter. These action steps are presented to aid work done at the severe end of the mental health spectrum which includes suicide and self-harming behaviour. The steps are broken down into prevention, intervention and postvention actions.

Prevention

Action Step: Collective Data Sharing

Opportunity Currently there is no shared database or collective method of obtaining data about suicide in Niagara. When collecting data for the purpose of understanding the prevalence of suicide in Niagara, it is apparent that there are issues with the present methods of data collection. First, there is a lack of consistency amongst the data. Secondly, suicide and self-harm may be underreported, either due to staffing interpretations, limits with coding or intent of death. Third, there is likely overlap in data reported between agencies.

Suggested Action Step Description: All agencies in Niagara should work together to develop a method of consistent data collection. A shared database would be ideal, although devising a common method of recording data would greatly help to illuminate the problem of suicide in Niagara.

Current Initiatives: Niagara Connects is facilitating the Data and Knowledge Niagara Working Group to advance a common framework for leveraging data resources in the Niagara context. Agencies working in suicide prevention in Niagara should support this work as it relates to mobilizing knowledge about Niagara suicide-related data.

Summary:

Suggested Action Step (SAS)	Current Status of work relating to SAS	Opportunity	Challenges
Collective Data Sharing: All agencies use an integrated data collection system	Niagara Connects is facilitating the Data and Knowledge Niagara Working Group, to bring agencies together around open data-sharing	Clearly define characteristics of those who have died by suicide; this will allow specific information campaigns to be geared toward certain populations/ demographics	Difficult to integrate all systems data; expensive to fund a new system

Action Step: Maintaining Partnerships and Increasing Collaboration in Niagara region

Opportunity: Collaboration among mental health and suicide prevention organizations in Niagara could be strengthened. There is a need to further examine how we can create cohesiveness between agencies and a relational culture among staff providing services to Niagara residents.

Suggested Action Step Description: Work with the Reference Group for the Implementation Phase of the Niagara Mental Health and Addictions Charter to support collaboration among agencies. Begin with creating a relational culture among front line staff, to allow suggestions and ideas to come from staff working directly with the community. Support a culture which allows the suggestions and ideas from front line workers to be taken into consideration. This can be done with regular meetings with staff or surveys which allow open ended responses.

Current Initiative: The Reference Group for the Niagara Mental Health and Addictions Charter provides overall leadership for Charter Implementation. Niagara Connects is facilitating the work of Mental Health and Addictions agencies in Niagara to identify opportunities for collaboration to be established, supported and made mutually accountable.

Summary:

Action Step	Current Status	Opportunity	Challenges
Increasing partnerships, shared learning and collaboration among front line mental health staff	The Niagara Mental Health and Addictions Charter Reference Group provides leadership for Charter Implementation Working Groups and will lead establishment of a shared measurement system	Open communication between front-line agency staff and the Niagara Mental Health and Addictions Charter Reference Group, supported by fostering a relational, shared learning culture among front line staff	What are the outcome measures? Finding champions among front line workers to liase between the Charter Implementation Reference Group and front-line staff

Action Step: Prevention work around SafeTALK and Health and Safety Policy Development

Opportunity: There is a need to focus on suicide prevention training for Niagara Residents, including incorporation of suicide awareness in workplace Health and Safety policies. Suicide awareness training should take its place along with first aid and CPR training in the workplace.

Suggested Action Step Description: The SafeTALK training prepares people to use TALK (Tell, Ask, Listen and KeepSafe), to identify and engage people with thoughts of suicide and to connect them with further help and care. Support the work of the SafeTALK project, facilitated by the Niagara Suicide Prevention Coalition. Mobilize knowledge about SafeTALK and advocate for training for community members and those working in health related fields. Encourage workplaces in Niagara to implement suicide awareness training within health and safety policies.

Current Initiatives: The SafeTALK research project (2014) involved the training of 500 males and females in Niagara (females between ages 18 and 34) in SafeTALK. This project involved a pre-training and post-training questionnaire which measured participants' attitudes, knowledge and comfort level towards suicide.

Summary:

Action Step	Current Status	Opportunity	Challenges
Prevention work around SafeTALK training and Health and Safety policy development	Prevention work was recently carried out through the SafeTALK training research to train 500 Niagara people in SafeTALK	Evidence from the research on the SafeTALK project can inform having SafeTALK or other such suicide prevention training built into health and safety policies in the workplace	Complete final details of the SafeTALK project in Niagara. Identify opportunities to influence decision makers in workplace health and safety

Intervention

Action Step: Community protocol and standard risk assessment

Opportunity: There is a need for a consistent protocol in the Niagara community when dealing with persons thinking about suicide. Standardized risk assessment tools and an agreed-upon community response to self-harm or suicide would address this need.

Suggested Action Step Description: Support a Niagara community protocol to develop a suicide risk assessment tool. Support the work of the community protocol and promote its existence to ensure safety. Overall, what is suggested is a standardized suicide assessment tool paired with a risk assessment tool built on the following framework:

1. Initial screening tool for risk
2. Focused suicide risk assessment
3. Intervention of risk assessment
4. Intervention and care planning
5. Monitoring and reassessment

Current Initiative: The Niagara Community Protocol is a collaborative response to serious risk and threat behaviours in children and youth. It sets up a strategic process for early identification and intervention for children and youth who may pose a risk to themselves or others. This is based on the principles that agencies and organizations should work collaboratively.

Summary:

Action Step	Current Status	Opportunity	Challenges
Community Protocol for suicide and standardized risk assessments	There is an established youth protocol which can be used when adopting a protocol for adults.	Use the framework of the youth protocol to build one which includes adults.	Bringing agencies together to adopt this standardized tool.

Action Step: Crisis Services and Agreed-upon Protocol for Mandatory Follow-up

Opportunity: There is a need for better structure when it comes to follow-up with clients who are experiencing suicidal ideation or suicide attempts. In conjunction with a protocol for mandatory follow-up, there is a need for more consistent marketing of community agencies so that the Emergency Room (ER) is not perceived as the only method of support should the person need continued support during their struggle with suicide. More fluid transition to a range of ongoing services would support this approach.

Suggested Action Step Description: This step requires collaboration and communication among agencies. It is recommended that, for all agencies, there is an agreed-upon protocol for mandatory follow-up with clients. This includes agencies providing the consistent marketing of materials leading to support within the community such as Distress Centre, Urgent Support services, or COAST.

Current Initiatives: The NHS introduced and amalgamated all mental health inpatient services in its new St. Catharines site. This includes a new specialized care unit and the new Psychiatric emergency response team in the ER. New Community initiatives include the Crisis Outreach and Support Team (COAST), CMHA's Urgent Support Services, Behavioural Supports Ontario (BSO Team), the Urgent Support Access Team (USAT), and the Mental Health and Addiction Access line.

Summary:

Action Step	Current Status	Opportunity	Challenges
Crisis Services and Agreed-upon Protocol for Mandatory Follow-up	Changes with NHS mental health and addictions services, COAST and other inter-agency partnerships	With consistent marketing of resources available and fluid transition to longer term care, patients will find the agency which better suits their needs, thereby preventing them from having to rely on 911.	What do the outcome measures look like? How do we bring agencies together?

Postvention

Action Step: Support for Postvention Services

Opportunity: Postvention refers to an intervention after a suicide, in terms of support for the bereaved (family, friends, professionals and peers). Research shows that experience of suicide is a risk factor for another suicide. There is a need to increase support of postvention services in Niagara, and to explore current and future needs for postvention services. There are a limited number of postvention services and limited support and marketing for those that do exist.

Suggested Action Step Description: Advocate for more support for postvention services in Niagara. This includes consistent postvention resources for community agencies and the school boards to provide individuals with support after the loss of a loved one.

Current Initiative: The group Loving Outreach is one of Niagara's few postvention services. It is a support group run by volunteers, for the purpose of supporting individuals who have lost a loved one by suicide.

Summary:

Action Step	**Current Status**	**Opportunity**	**Challenges**
Support for Postvention Services	Loving Outreach is one of the only postvention services in Niagara	Since experience of suicide is a risk factor for another suicide, postvention services can help those bereaved express thoughts and feelings in a healthy way	How will resources be distributed? What are the outcome measures?

Appendix

Number of injury-related deaths, hospitalizations, non-hospitalizations and disability cases by cause, Canada (2004; Taken from SMARTRISK, 2009)

Description	Deaths	Hospitalizations	Non-hospitalizations
Transport incidents	3,067	30,932	286,086
Falls	2,225	105,565	883,676
Drowning	245	238	865
Fire/Burns	233	2,002	44,778
Unintentional Poisoning	944	7,060	54,741
Struck by/against sports equipment	<5	1.223	66,037
Other Unintentional injuries	2,220	34,948	1,641,051
Suicide/Self-Harm	3,616	18,210	41,930
Violence	507	8,050	90,463
Undetermined Intent/Other	620	3,540	22,398
Total	13,667	211,768	3,132,025

SMARTRISK has joined with Safe Communities Canada, Safe Kids Canada, and ThinkFirst Canada to create Parachute, a national, charitable organization dedicated to preventing injury and saving lives. Parachute's injury prevention programming and advocacy efforts are designed to help Canadians reduce their risks of injury while enjoying long lives lived to the fullest. www.parachutecanada.org

Intellihealth

Data from this section was retrieved from the Intellihealth database system (2007-2011). Intellihealth data is compiled from hospitals and is the most comprehensive data on self-harm injuries and death due to self-harm. Self-injury falls under the code X60-X8499, and Y870. The most recent data available to date is provided. For mortality data, the most recent year available is 2009. Data is often not available until years later, as deaths by suicide must be confirmed by the coroner and reported back to

Intellihealth. More recent information is available for injuries, emergency department visits and hospital admission data (2011), as these statistics are confirmed via a different process.

Table 3b. Age distribution death by intentional self-harm in the Niagara Region, 2009

Age Group (5 years)	Frequency	Percent
10-14 years	†	†
15-19 years	†	†
20-24 years	†	†
25-29 years	†	†
30-34 years	**6**	**15.38**
35-39 years	†	†
40-44 years	**7**	**17.95**
45-49 years	†	†
50-54 years	**7**	**17.95**
55-59 years	†	†
60-64 years	†	†
65-69 years	†	†
70-74 years	†	†
75-79 years	†	†
80-84 years	†	†
85-89 years	†	†
90+ years	†	†
Total	**39**	100.00
†Estimate suppressed due to cell size < 5		

Table 3d. Distribution of emergency department visits for intentional self-harm in the Niagara Region by sex, 2011

Sex	Frequency	Percent
Female	518	62.33
Male	313	37.66
Total	**831**	100.00

Table 3e. Age distribution of emergency department visits for intentional self-harm in the Niagara Region, 2011

Age Group (5 years)	Frequency	Percent
05-09years	†	†
10-14years	23	2.77
15-19years	**115**	**13.84**
20-24years	86	10.35
25-29years	67	8.06
30-34years	66	7.94
35-39years	73	8.78
40-44years	61	7.34
45-49years	**98**	**11.79**
50-54years	71	8.54
55-59years	**93**	**11.19**
60-64years	19	2.29
65-69years	18	2.17
75-79years	17	2.05
80-84years	8	0.96
85-89years	6	0.72
Total	**831**	100.00
†Estimate suppressed due to cell size < 5		

ER Visits Statistics

Table 3f. Age distribution of hospital admission (from emergency) with an intentional self-harm diagnosis in the Niagara Region, 2011

Age Group (5 years)	Frequency	Percent
10-14years	7	1.43
15-19years	**67**	**13.70**
20-24years	44	9.00
25-29years	42	8.59
30-34years	35	7.16
35-39years	47	9.61
40-44years	37	7.57
45-49years	**67**	**13.70**
50-54years	54	11.04
55-59years	33	6.75
60-64years	14	2.86
65-69years	14	2.86
75-79years	11	2.25
80-84years	7	1.43
85-89years	5	1.02
Total	**489**	100.00

Niagara Community Agency Statistics

Emergency Medical Services

On average, there are 618 individuals who call Niagara Emergency Medical Services (NEMS) each year due to having thoughts of suicide. The number of calls that NEMS has received has increased each year from 2010-2012 (see Table 3g). The average number of calls that NEMS received for suicide attempts is an alarming 437 per year. It must also be noted here that some suicide attempts are not reflected in these numbers; again there are some methods where intent is not known, such as intentional motor vehicle crash or other intentional injuries.

Table 3g. Niagara Emergency Medical Services Suicide and Self-Harm-related Calls (2010-2012)

Year	Thoughts of Suicide	Suicide Attempt or Self Harm
2010	549	432
2011	631	411
2012	675	469
3 Year Average	**618**	**437**

Distress Line Call Data (2010-2012)

Year	Total Number of Calls	Suicide Ideation Calls (%)
2010	13,166	6.9%
2011	11,941	6.4%
2012	11,221	6.7%
3 Year Average	**12,109**	**6.7%**

The Distress Centre of Niagara is a 24-hour, free, confidential telephone crisis intervention support service available to anyone in need in the Niagara Region. www.distresscentreniagara.com

COAST Niagara - Number of Calls

Type of Support	Number of Calls	% of Phone Calls
Client Phone Support	6132	80%
Family Phone Support	1572	20%
Total Phone Support	**7704**	**100%**
Suicidal Ideation/Threat	**666**	**9%**

COAST Niagara - Number of Clients that Accessed Service

Gender	# of Clients that Accessed Service
Female	893
Male	841
Unknown	29
Total	**1793**

COAST (Crisis Outreach and Support Team) provides services to people in the Niagara Region who are in crisis and have a mental health concern. The program is a partnership between Distress Centre Niagara, Canadian Mental Health Association Niagara, Niagara Health System, and the Niagara Regional Police Service.

Victim Services Niagara Statistics

Fiscal Year	Fatal	Non-Fatal	Total # of Incidents
2010-2011	28	10	38
2011-2012	29	12	41
2012-2013	26	10	36
3 Year Average	27.6	10.6	38.3

Victim Services Niagara - Highest Percentage of Fatal and Nonfatal Calls

Fiscal Year	St. Catharines	Welland	Niagara Falls	Port Colborne
2010-2011	50%	18%	26%	0
2011-2012	32%	17%	15%	0
2012-2013	25%	19%	11%	11%
3 Year Average	35.6%	18%	17.3%	11%

Victim Services Niagara is a community-based, non-profit organization made up of over 100 volunteer crisis responders. Referrals from front-line Emergency services connect victims with a support team of crisis responders to help deal with the impact of tragedy or crime. www.victimservicesniagara.on.ca

Pathstone Mental Health

Pathstone Mental Health is a provider of children's mental health treatment in the entire Niagara Region. Pathstone services approximately 4,000 children and families per year.
www.pathstonementalhealth.ca

YouthNet Niagara

Youth Net Niagara is a Niagara Region Public Health program that started in the 2011-2012 school year. It has been successful in allowing students to talk about mental health, reducing stigma and providing early intervention. Youth Net is a well-evaluated, national program that started in Ottawa. In the 2013-2014 school year, 1,143 students in 7 high schools participated in YouthNet Niagara. http://www.niagararegion.ca/health/schools/youth-net-niagara.aspx