

Sarnia-Lambton Youth Suicide Prevention Plan Evaluation Report

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Acknowledgement

This collaborative project has been made possible through generous financial support from the Ministry of Children and Youth Services.

2015 Sarnia-Lambton Youth Suicide Prevention Plan Committee Members

This project involved the collaboration of many community partners to enhance and complement other community mental health projects targeting youth. Local youth were involved with all stages. This included generating ideas, planning and the implementation of the 2015 Sarnia-Lambton Youth Suicide Prevention Plan. Significant contributions were made by the people listed below:

Megan Bond, Equity and Inclusion Committee Member, St. Clair Secondary School
Lori Brush, Mental Health Lead, Lambton Kent District School Board
Cathy Butler, Prevention Coordinator, Sarnia-Lambton Suicide Prevention Committee
Reagan Butler, Child and Youth Worker Program, Lambton College Student
Monique D'Arcy, GPS Leader, Sarnia-Lambton Rebound and Lambton College Student
Brook Freer, Creative Design Lead, Sarnia-Lambton Rebound
Julie Freeman, Social Service Worker Program, Lambton College Student
Ellie Fraser, Mental Health Promoter for Lambton-Kent, Canadian Mental Health Association
Alicia Hartwick, Adult Ally of GPS Program, Sarnia-Lambton Rebound
Cheryl Iacobelli, Family support worker, Lambton Mental Wellness Centre
Charlene Mahon, Jack.org Coordinator; Professor of Psychology, Lambton College
Donna Martin, Program Coordinator for the Distress Line; Manager Family Counselling Centre
Andraya MacMillan, Program Coordinator, Sarnia-Lambton Rebound
Rebecca Lynn Marshall, Photographer, Equity and Inclusion Committee St. Clair Secondary
Nikki McVittie, Jack.org Student Representative, Lambton College
Liz Page, Intensive Family Support Worker, St. Clair Child and Youth
Jack Poirier, Marketing Coordinator, Sarnia-Lambton Rebound
Zackery Roos, President, St. Clair Secondary School Equity and Inclusion Committee
Sharon Berry-Ross, Chairperson, Sarnia Lambton Suicide Prevention Committee
Mary Beth Span, Child and Youth Work Program, Lambton College
Bonnie Szeto, Equity and Inclusion Committee Member, St. Clair Secondary School
Teri Thomas-Vanos, Executive Director, Sarnia-Lambton Rebound
Amanda Widdis, Master of Social Work Placement Student, University of Windsor

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Executive Summary

The Youth Suicide Prevention Plan was launched in October of 2013 as a component of Ontario's Comprehensive Mental Health and Addictions Strategy.¹ Funding was made available through this initiative to develop and deliver a community based plan that would complement and strengthen local mental health support networks, with the goal of establishing a "suicide-safer community"². This is the second year Sarnia-Lambton Rebound has had the opportunity to work in collaboration with local community organizations and service providers on the Sarnia-Lambton Youth Suicide Prevention Plan.

Sarnia-Lambton has a number of organizations and service providers that function together as a mental health support network for youth in the community. The following groups worked as collaborative partners for this project:

- Youth
- Family Counselling Centre: Distress Line
- Jack.org
- Lambton-Kent District School Board
- Lambton College
- Lambton Mental Wellness Centre
- Sarnia-Lambton Children's Aid Society
- Sarnia-Lambton Suicide Prevention Committee
- Sarnia-Lambton Rebound
- St. Clair Child and Youth Services

Youth representation and participation were focal points throughout the 2015 Youth Suicide Prevention Plan. Many youth from local high schools and Lambton College participated. They provided insights and perspectives as members of Equity and Inclusion groups, Sarnia-Lambton Rebound's youth engagement group (GPS), as well as community service providers in training. Meetings characterized by open communication and mutual respect helped participants to consider one another's ideas, attain a shared vision, clarify roles, and carry out the initiatives.

The 2015 Sarnia-Lambton Youth Suicide Prevention Committee followed the recommendation of the Ontario Centre of Excellence for Child and Youth Mental Health (2015) to develop a plan that includes primary, secondary, and tertiary prevention efforts.³ A **billboard** was developed to promote an understanding that mental illness is common and affects the entire community. It served as a *primary prevention* tool aiming to reach all youth. Further, it directs youth in crisis to immediate support. **ASIST workshops** and **safeTALK training** were chosen as *secondary prevention* measures to strengthen the number of gatekeepers. A **Youth and Adult Ally Conference** provided opportunities for *primary, secondary and tertiary prevention*. Workshops promoted mental wellness and strategies for coping with life stressors. These benefited all conference participants. Community booths provided relevant and accurate information about local resources. Youth were informed about ways to participate in community programs and access mental health services. The opportunity for youth and adults to learn alongside one another provided a powerful message of support and strengthened youth and adult

relationships. **We Care Packages** were provided to Bluewater Health and other health care facilities as a *tertiary prevention* measure. The packages were assembled for youth arriving at the hospital or health care facility with suicidal thoughts or behaviours. Practical items were included to help address the basic needs and comfort of youth. Pamphlets and contact numbers were included to inform youth about how to access support when they leave the hospital. A caring letter was also provided to explain the intention of the package and allow youth to provide feedback for this initiative.

Results for the 2015 Youth Suicide Prevention Plan Initiatives were collected by survey, tabled and analyzed. The results have demonstrated that the initiatives were well chosen and successful. The role of the billboard, to increase public awareness and help de-stigmatize mental illness, will not be measured. Time will be required to assess the impact of the We Care Packages on youth who were in distress. Bluewater Health and other health care facilities will provide information about the number of packages that were needed and anecdotal information about how they were received. It is hoped that recipients will respond to the letter and provide feedback for this initiative.

The following Evaluation Report summarizes the mental health support network in the Sarnia-Lambton area, the planning, implementation and evaluation of the 2015 Sarnia-Lambton Suicide Prevention Plan, as well as recommendations for future planning in greater detail.

Introduction

It is important to recognize the significant number of lives lost to suicide, in order to understand the impact of suicide, globally and locally. Worldwide, more than 800,000 people die by suicide each year.⁴ Within Canada, approximately 300 youth aged 10 - 24 died by suicide, the second leading cause of death for this age group.⁵ In Ontario, one in 10 youth had "serious thoughts of suicide" and "three per cent reported a suicide attempt".⁶ The World Health Organization (2014) explains that "social, psychological, cultural and other factors can interact to lead a person to suicidal behaviour, but the stigma attached to mental disorders and suicide means that many people feel unable to seek help".⁷

The Mental Health Commission of Canada released a poster during National Children's Mental Health Awareness Week revealing that "one in four youth in Canada are living with a mental illness."⁸ This is higher than the general population and simply staggering. It highlights the challenges and complexities of teen years and the transition to adult life. Further it is highly relevant. "Approximately 90 percent of youth who die by suicide have a mental illness, with more than half having major depression."⁹ All youth, including those with mental illness can strive towards "positive mental health," which is feeling well and "being resilient in the face of life's challenges."¹⁰ Primary suicide prevention measures aim to reach all youth, including those with mental illness.¹¹

Secondary suicide prevention "targets those who might be at risk for suicide or mental health problems" in order to help these individuals "before they injure themselves or during a suicide crisis."⁷ While suicide is a "problem that is shared by all Canadians,"¹² some populations are known to be at greater risk.

- Suicide is especially common in **Aboriginal youth** in Canada. Losses have climbed over the last few decades. As of 2012, suicide was three times higher for this group than for the general population. This rate varied however, from one community to another, with some communities experiencing a lower rate than the general population.¹³
- **Transgender youth** have been found to have a "twofold to threefold increased risk" of mental illness, suicidal thoughts and behaviours, and self-harm.¹⁴
- Mental health and suicide risk are also a concern among **sexual minority groups**. The risk of suicide increases between four and seven fold for lesbian or gay youth, and bisexual youth respectively.¹⁵
- **Bullying** is associated with mental health challenges in two key ways. Bullying has a direct negative impact on mental wellness, and youth with mental health challenges are often bullied as a result of their illness.¹⁶ Suicidal thoughts and behaviours are found at a higher rate among bullied youth. Lack of youth awareness and preparedness for the "deleterious effects of **cyberbullying**" contribute to an increase in vulnerability of youth from this growing phenomenon.¹⁷
- **Substance use** is associated with suicidal behaviours in youth. Studies have found high rates of ideation and suicide attempts in drug abuse treatment centres. Likewise, one third of youth who have presented at hospitals with a suicide attempt have "met the criteria" for an alcohol or substance use disorder.¹⁸

Tertiary prevention focuses on individuals who have already been affected by suicidal thoughts and behaviours. Research indicates that as a result of the vulnerability of this group, ongoing efforts are required to lower suicide rates in Canada.¹⁹ The "largest-ever suicide-risk study" out of the University of Toronto, SickKids Hospital, indicates the significantly higher risk for youth continues years after a suicide attempt.²⁰

Shifting the focus from risk to prevention factors

The **Sarnia-Lambton Suicide Prevention Committee** formed 24 years ago. At the present time it involves 22 different partner agencies as well as members of the community, including those with personal experience related to suicidal thoughts, behaviours, and loss. The committee aims to

- foster a collaborative effort among individuals and organizations in order to promote community awareness and information about suicide;
- facilitate the availability of resources and support about suicide to persons who are feeling suicidal or are a survivor of suicide;
- promote public education, professional development and community advocacy regarding suicide prevention; and
- identify the gaps in service in order to increase community capacity and response.²¹

The **Sarnia-Lambton Youth Suicide Prevention Committee** formed as an offshoot of this group. The availability of grant funding from the Ministry of Children and Youth Services has allowed this committee to grow in numbers, collaborative efforts and community impact.

A number of additional community organizations and service providers in Sarnia-Lambton form a coordinated mental health and suicide prevention network for youth. A few of these organizations are described below:

The **Family Counselling Centre: Distress Line** is a free 24-hour telephone crisis support service for individuals who require reassurance, support, information, and referral. It is funded by the Sarnia-Lambton United Way.²²

Jack.org is a student-led initiative at Lambton College that acknowledges everyone is impacted by mental health. Jack.org provides mental wellness tools and support in the form of resources, links and promotional activities.²³

The **Lambton-Kent District School Board (LKDSB)** has helped to identify strengths and gaps in our community through implementing a Mental Health and Addictions Initiative. The 2013 "Speak Up" Student Survey provided insights about the prevalence of youth mental health challenges. Youth reported that schools need to be more open and inclusive. They also requested a safe space within school to access mental health support from a trusted adult. Bullying and disconnection to school arose as two areas of concern. "Research has shown that students who feel connected to their school are less likely to experience suicidal thoughts and experience emotional distress".²⁴ This indicates that continued work relating to equity and inclusion is still required. The **LKDSB Equity and Inclusion Club** members have been "encouraged and empowered" to "share their ideas, get involved, and take part in activities and groups that honour diversity and promote equity and inclusive education".²⁵ The Sarnia-Lambton Youth Suicide Prevention Committee has provided a community outreach opportunity for these students to actively contribute and represent concerns within their school and the community.

St. Clair Child and Youth Services has a long history dedicated to mental health awareness, prevention and treatment for children and youth in Sarnia-Lambton. Over 1300 children each year receive support from St. Clair Child and Youth²⁶. This includes youth directly referred by Bluewater Health Emergency Department for crisis intervention²⁷.

Sarnia-Lambton Rebound is a "leader in the field of prevention and early intervention services for youth".²⁸ An array of programs to meet the diverse needs of youth speak to the core values of the organization:

- Every youth has the right to support in their developmental journey; and
- youth are equal and valued partners in the framework of the organization and our larger community.

Rebound's commitment to honour the "voice of youth" has translated to a high level of involvement in all stages of the Sarnia-Lambton Youth Suicide Prevention Plan.

Sarnia-Lambton Youth Suicide Prevention Plan Development

This is the second year that Sarnia-Lambton Rebound has been awarded a grant from the Ministry of Children and Youth Services for a Youth Suicide Prevention Plan. The successes of the previous year provided a roadmap for bringing together youth and community partners to achieve the following goals:

- Promote the idea that mental illness is like any other illness
- Reduce the stigma and secrets among the community regarding mental illness and suicide
- Promote services and support for suicide prevention in Sarnia-Lambton
- Build a safer community through the creation of suicide-prevention networks
- Strengthen relationships and establish a sense of trust between youth and adults (parents, service providers, teachers) so that the youth will view the adults as allies, with whom they can share their experiences and discuss mental health issues
- Create a safe place for youth and adult allies to talk about mental health issues

The group considered a multitude of ideas that would achieve these goals and reflect the specific needs of youth in Sarnia and Lambton County. Specific initiatives and leaders were chosen for the planning of each component, including:

1. The development of a billboard to de-stigmatize mental illness and provide a point of contact for youth in crisis
2. The assembly and distribution of "We Care Packages" to emergency departments for youth dealing with a mental health crisis
3. Providing ASIST workshops for front line workers who come in contact with at-risk youth
4. Providing safeTALK training, open to the public in the County, away from the city centre
5. Holding a Youth Adult Ally Conference

Sarnia-Lambton Youth Suicide Prevention Plan Implementation

1. Billboard Development

A Billboard is an effective method for reaching a broad audience over an extended period of time. A well designed "visual statement"²⁹ including graphic design and text is capable of communicating a tremendous number of messages that resonate with the viewer. As such, careful decisions were made to extend our message of support for youth mental health in our community. A copy of the image is provided below along with the meaning of each element in the design.



Need help? Contact: 1-888-DISTRES

**1 in 5 people
suffer from a
mental illness.**

**5 in 5 people will
be affected by it.***

Message brought to you by a community collaborative, with funding by
The Ministry of Child and Youth Services.

*Jack.org

- **1 in 5** reflects the rate of mental illness in the general population^{30,31}
- **5 in 5** reflects a key message from The Jack Project, "we all have mental health" which is reinforced by the text around the people, "**Everyone knows someone**"³²
- **Five individuals** were symbolized, again relating the image to the two statistics which refer to five people
- These specific statistics were chosen because both help to **de-stigmatize mental health** problems by helping people to realize that **mental illness is common** and **affects all of us**
- The **Distress Line** number was added to provide a point of contact for youth in crisis
- The **Ministry of Children and Youth Services** was included to recognize their support.
- The choice of the word **collaborative** emphasizes that Sarnia-Lambton has many lines of support for youth who are in need
- The fact that people are **embracing one another** in a hug also emphasizes this point
- The **fluidity** of the people represent the ebb and flow of mental health challenges which provides hope for a young person who is ill or in distress
- Youth who are Lesbian, Gay, Bisexual, Transgender, Two-Spirited or Questioning (LGBT2SQ) are at higher risk in terms of mental health challenges, including self-harm and suicide risk. The use of **rainbow colours speaks to the LGBT2SQ community**. These colours are also **uplifting and eye-catching**.

The budget allowed for two billboard locations for one year. High traffic Tim Hortons drive-thru locations were chosen; one location in Forest, Ontario at 80 King Street East, and the second at Cathcart Boulevard and Colborne Road.

2. We Care Packages

A gap was identified by reflecting upon stories from youth and parents who had long Emergency Department waits and difficulty knowing how to navigate the system following a mental health crisis. Youth who had been admitted to the hospital with suicidal thoughts or behaviours provided information about what could have made the experience more positive.

A bag was chosen to fit hospital guidelines and items were selected to meet the needs reported by youth. Snacks, gum and a water bottle were chosen, along with activities and a stress ball to help youth cope with the wait. Many practical items for personal care were included for those admitted overnight. Pamphlets and information on local services were added to help parents and youth know how to access community support in the future. A letter of support was enclosed in each package to emphasize the message that "we care". In addition, the letter provides information about how to offer feedback so that we can do an even better job preparing We Care Packages in the future.

In total 150 We Care Packages were assembled. Fifty packages were provided for admissions to Bluewater Health. The remaining packages have been distributed to other service providers.

3. ASIST Workshops

Applied Suicide Intervention Skills Training (ASIST) takes place over a two day period providing participants 16 and older with suicide first aid skills. The interactive structure allows participants to recognize how their attitude about suicide impacts their ability to establish a rapport and trust. This takes place in structured role play followed by debriefing. Participants learn how to recognize and assess risk as well as develop safety plans to reduce suicide risk. A key component of the training relates to building safer communities through the production of suicide-prevention networks.

Twelve organizations, having front-line workers who interact with youth at-risk, were identified. The Executive Directors were contacted with information about the role of ASIST as a first-aid measure and to establish a safety plan. The Executive Director was then able to invite staff who were new to training, or had trained more than five years ago, to participate in the two day workshop. The participants were affiliated with the organizations listed below:

- Children`s Aid Society
- County of Lambton, Ontario Works Department, Sarnia Office
- Family Counselling Centre: Distress Line
- Inn of the Good Shepherd
- Lambton Mental Wellness
- Lambton Developmental Services
- Sarnia-Lambton Rebound
- St. Clair Child and Youth Services
- The Haven
- Victim Services
- Women`s Interval Home
- Youth Justice Services

Amy Davis facilitated the ASIST workshop for 31 participants on March 5 and March 6, 2015. The outcome of the training was measured using an online survey. Twenty eight participants completed the survey.

Steeves and Rozema provided a free room at the Landmark Village and complementary food and refreshments to help lower the cost of the training. Additionally, the Youth Suicide Prevention Plan committee paid-it-forward by providing money from the 2015 grant to Lambton College students to lower their ASIST workshop costs. This assisted students across various fields, including Child and Youth Work, Developmental Service Work, and Social Service Work, who will soon be working with youth in our community.

4. safeTALK training

safeTALK is an internationally recognized program focused on suicide alertness. Participants must be at least 15 years old to complete this half day workshop. The goal is to provide *suicide alertness for everyone*. Participants receive training to **T**ell when a person is exhibiting signs of suicide risk, **A**sk directly about thoughts of suicide, **L**isten non-judgementally and **K**eepSafe by connecting this person with suicide first aid resources and caregivers.

Cathy Butler provided the training to 24 participants on Wednesday, March 25, 2015 at the North Lambton Community Health Centre in Forest, Ontario. The goal was to increase support for youth living outside of the city centre and into the county. The training was open to the public and advertised through social media. A few of the participants were from the general community but the majority included staff from the North Lambton and West Lambton Community Health Centres.

5. Reaching Out: Youth and Adult Ally Conference

The second annual Reaching Out: Youth and Ally Conference was held on March 21, 2015 from 10:30 a.m. until 4:30 p.m. at Sarnia Collegiate Institute and Technical School. This event provided an excellent opportunity to strengthen relationships between youth and adults through shared learning experiences. The theme of *senses* provided an excellent platform for "Making *Sense* of Mental Health". Music was used to help participants relax and become fully present in the auditorium. Emcees Zackery Roos and Ellie Fraser provided participants with information about the structure of the day. They also introduced participants to each of the community partners through a series of fast-paced and entertaining "commercials".

The World Café provided a buffet of choices for youth and adults to learn mental wellness strategies alongside one another. The World Café choices were offered in morning and afternoon sessions. They included:

Creative Self Care included two options: A partner exercise provided an opportunity to practice listening and expressing emotion, while another exercise provided a reflective and artful way to share methods of "feeding your soul by getting out of your own way."

The Inside Job to Happiness introduced mindfulness meditation and yoga through a variety of techniques. Participants learned about the role of gratitude and the senses for relaxing and living in the present moment.

Writing to Grow gave participants a chance to "Wreck This Journal" This highlighted the power of writing to understand and express emotion as a tool for growth.

Pick-A-Day, Try-A-Day activities provided an energy release and playful team building opportunity through non-competitive games

Good Mood Food used visuals, models, and counsel from two health care professionals to convey the relationship between healthy eating and mental wellness.

The informal structure at each of the community booths allowed for face-to-face contact between youth and representatives from each organization. This allowed them to talk and make a personal connection with the adult allies and discuss mental health issues. Youth were also able to gather resources and contact information through these interactions. The following groups were present:

- Canadian Mental Health Association
- Family Counselling Centre: Distress Line
- The Jack Project
- Lambton Public Health
- Sarnia-Lambton Rebound
- Sarnia-Lambton Suicide Prevention Committee
- Sexual Assault Survivors' Centre
- St. Clair Child and Youth Services

A highlight of the day, that was particularly impactful, was listening to the guest speakers. Emily Ager and Mike White spoke about their own experiences and challenges with mental health.

The central messages were important:

Mental illness should be treated with the same compassion, empathy and open communication as physical illness.

A substance-related disorder, like drug addiction, is a mental health problem. Substance use is a risk factor for increased mental illness and mental illness increases the risk of substance use.

The speakers provided a reality check by sharing their struggles openly. They also shared their sources of strength that helped to overcome challenges. This was a source of inspiration as the speakers revealed that hope, happiness and accomplishment lie beyond feelings of despair.

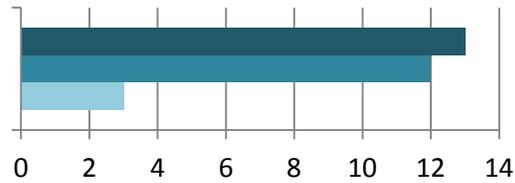
A part of the shared experience at the Reaching Out: Youth and Adult Ally Conference was "breaking bread" with one another. Healthy snacks, a delicious lunch and a "candy bar" nourished participants and provided additional opportunities for youth and adult allies to connect with one another. Overall the day was a tremendous success. This is reflected in both verbal feedback and the survey results.

ASIST (Applied Suicide Intervention Skills Training) Online Survey Results

Prior to ASIST training

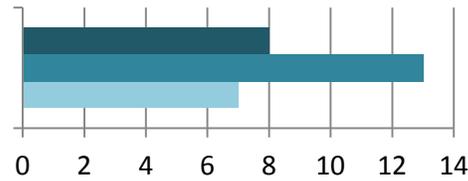
Number of Responses

1. Rate your knowledge of warning signs of suicide prior to training



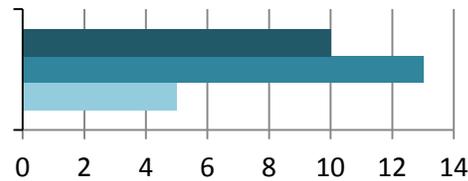
- Strong
- Reasonable
- Weak

2. Prior to training, how comfortable were you asking a client about thoughts of suicide?



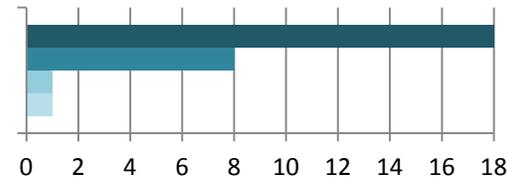
- Very Comfortable
- Somewhat
- Least Comfortable

3. Prior to training, how comfortable were you allowing a client to talk about suicide?



- Very Comfortable
- Somewhat
- Least Comfortable

4. Prior to the training, did you agree with the following statement: "A client should have a safety plan"?

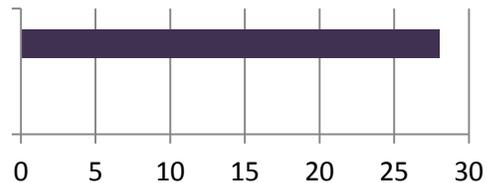


- Strongly agree
- Somewhat agree
- Disagree
- Strongly Disagree

After ASIST training

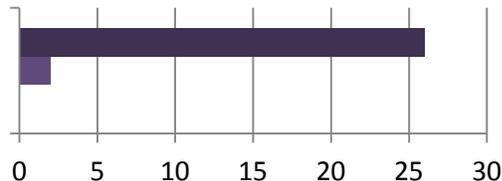
Number of Responses

5. Rate your knowledge of warning signs of suicide after the training



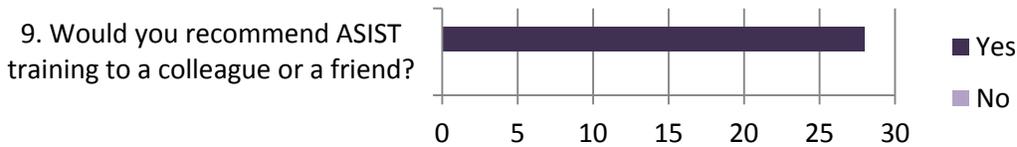
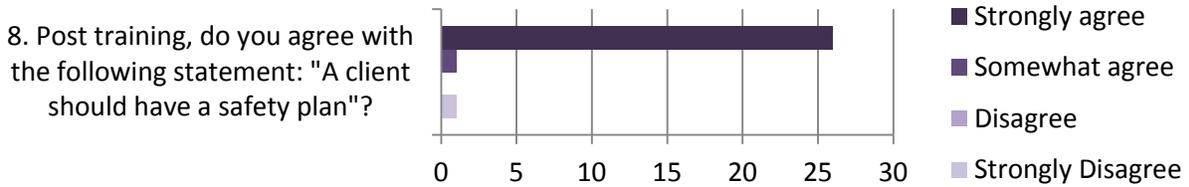
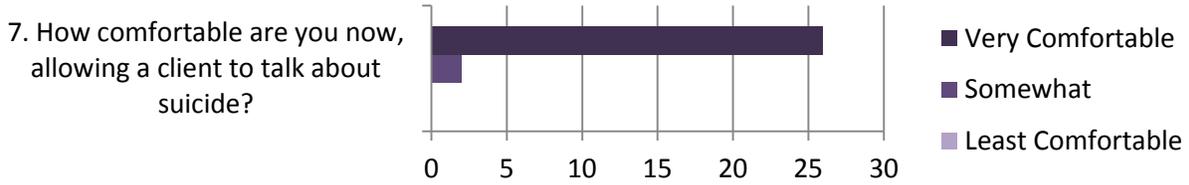
- Strong
- Reasonable
- Weak

6. How comfortable are you now, asking a client about thoughts of suicide?



- Very Comfortable
- Somewhat
- Least Comfortable

**ASIST (Applied Suicide Intervention Skills Training)
Online Survey Results, continued**



10. What key pieces of information did you walk away with that will help you when working with at risk individuals? Please provide general comments about the training and how it might change how you do your work:

- It's okay for client's to be in the "river" and recognize they may stay there for a long time -Use of specific language (i.e. life, death, suicide).
- The training better prepared me for creating a safety plan and realizing I can't fix all the issues but just work on keeping the individual safe at the time of crisis. The training gave me coping skills I did not have before-hand. A few key points I had not evaluated before.
- I will be more aware of comments made to me.
- The analogy of the river is fantastic, and a great way to monitor where people are and what needs or services they may need. Excellent training all community service providers should have to participate.
- It's okay to ask the question: "Are you having thoughts of suicide?" That a safety plan can look different for each person and that it's okay to be "out of sync" and there are ways to get back in sync.
- I walked away with the knowledge that it is okay to refer clients to other resources and it's okay to voice thoughts to the client if things aren't clear i.e. "I'm confused" about what they have shared. It will make me more aware of the client's feelings and potential for suicide.
- In sync and out of sync -better knowledge of how services can assist my client -developing a concrete safe plan that the client is involved with -being okay with someone always "in the river".
- I walked away knowing that I have the power to help someone in need.
- To take the chance and ask when I have the feelings that someone is unsafe. To make sure I am direct, which is something I naturally have not done in the past. Great Training.

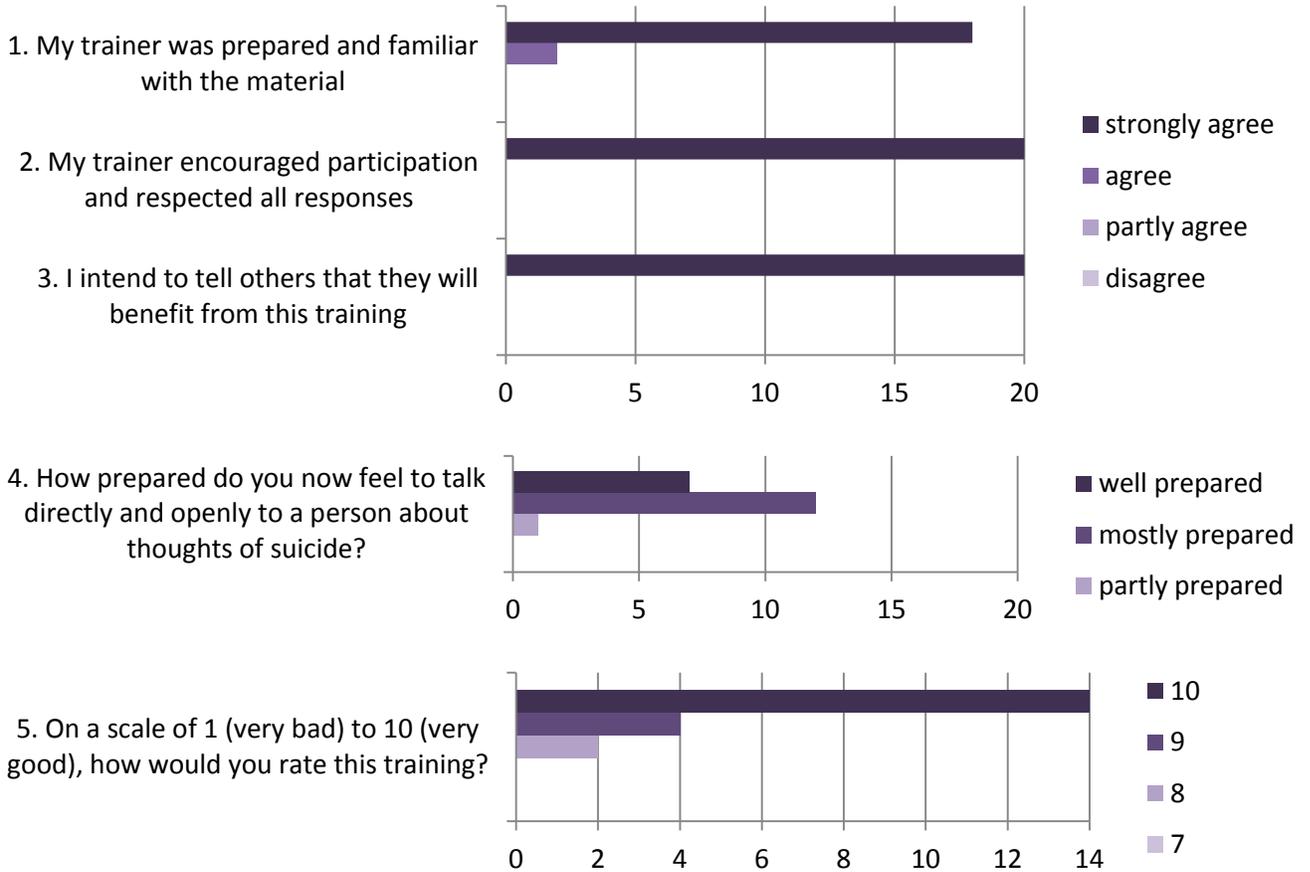
ASIST (Applied Suicide Intervention Skills Training) Online Survey Results, continued

- TALK, Ask Questions,
- In Sync and out of Sync and recognizing when you're out of sync and getting back on track.. Good discussion.
- Excellent training, very, very pleased with what I learned.
- It was very informative, and provided a wide range of understanding for those experiencing suicidal ideation. It's a great tool to have and to be able to provide. Please continue to run this workshop as we need people to be able to ASIST.
- The turnaround moments for me were really key.
- Analogy of the River...I found very helpful using the proper language- Death, Suicide etc. Asking the questions.
- To ask specific questions about whether the individual is thinking about suicide using the words death and dying.
- Key pieces: Primarily the river analogy; also the in-sync/ out of sync concept and the "slow it down" concept where suicide risk is high. This is training that could literally save lives in our community by teaching folks - anyone who is a resident of Lambton County to approach the topic. If there had been a choice to say "more comfortable" in answering the question: "post training, how comfortable are you in allowing a client to talk about their suicidal thoughts/plans?", rather than "fairly comfortable" or "very comfortable", I would have chosen this option. There needs to be a fourth choice to indicate the change pre and post training which did transpire. For my survey, my question 7 would look like no change, when there absolutely was.
- Safety planning will be implemented now.
- I now know how to recognize someone as suicidal, and now know what to say, and how to start the conversation.
- A realization of how many people have been touched by suicide in some way and with the training might have been able to recognize symptoms and saved a life. Although the training was very intense, Amy made it light enough to make us laugh a little.
- To have an honest conversation with the individual if there is a sense of "being out of sync" and to ensure a safety plan is in place when doing an intervention, but not without hearing their story.
- Learning to just be comfortable and speaking my mind out loud when I'm not sure what to say.
- I now have more knowledge and tools to help someone struggling with thoughts of completing suicide.
- Turning point, active role playing, in and out of sync.
- Knowing when things are in sync and out of sync. VERY VALUABLE TOOL.

**safeTALK training (*suicide alertness for everyone* Tell, Ask, Listen and Keep safe)
Exit Survey Results**

Questions

Response from 20 participants



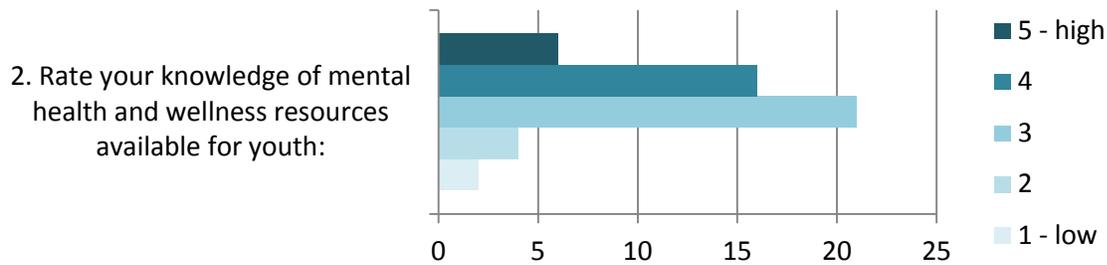
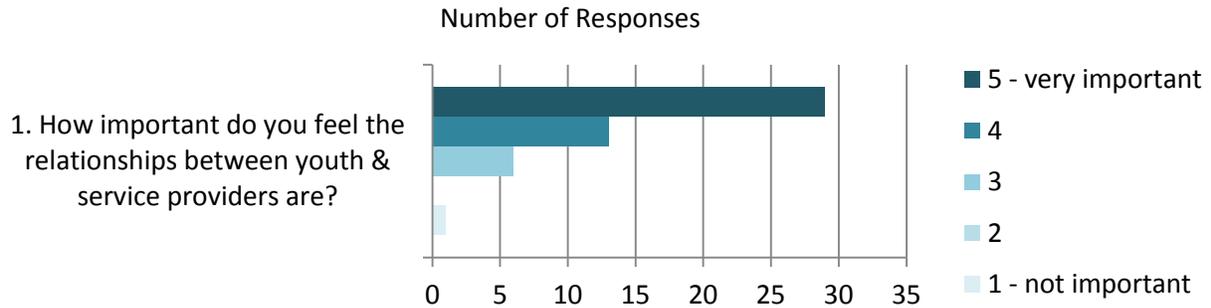
Additional Comments:

This training was very well done.
Great training for all front line staff.
Very informative.
I like the stickers & cards! Thank you!
Awesome training.
Excellent mix of video & facilitation - kept it interesting.

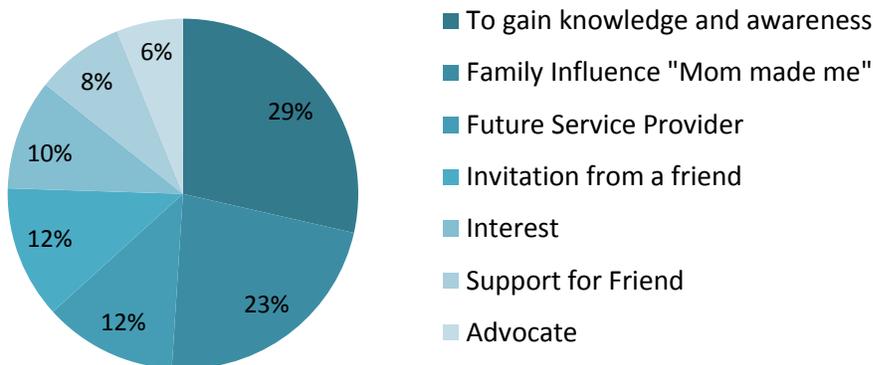
6. How could this training be improved?

It should be offered more in small communities.
More practice with the lingo learned.
Have opportunity for discussion, scenarios, practice.

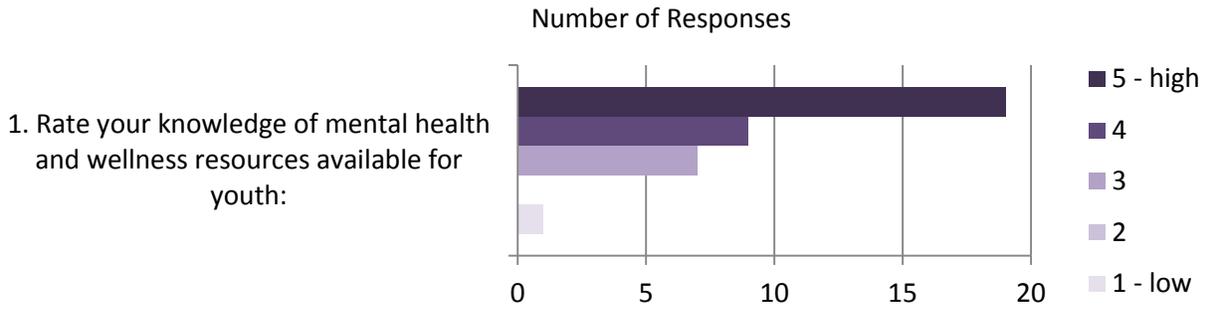
Reaching Out: Youth and Adult Ally Conference
PRE Survey Results for Youth



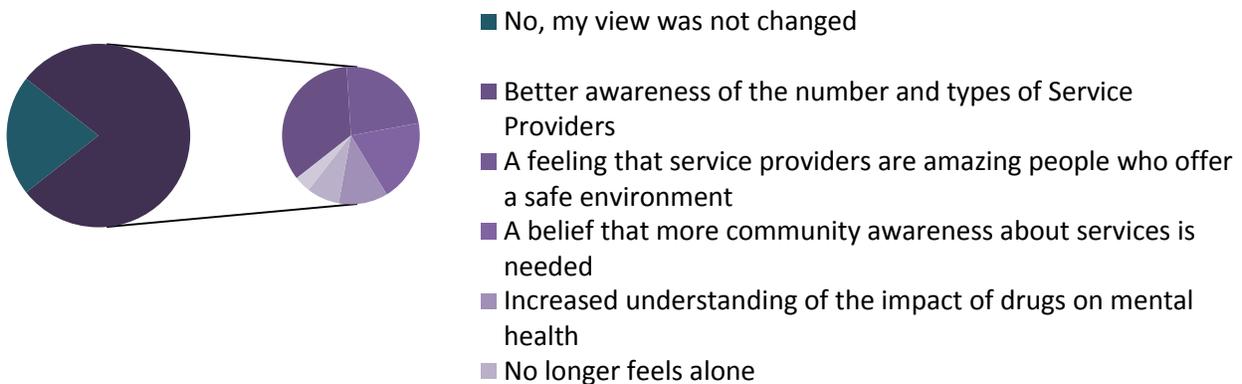
3. Please share the reason why you decided to come today



Reaching Out: Youth and Adult Ally Conference
POST Survey Results for Youth



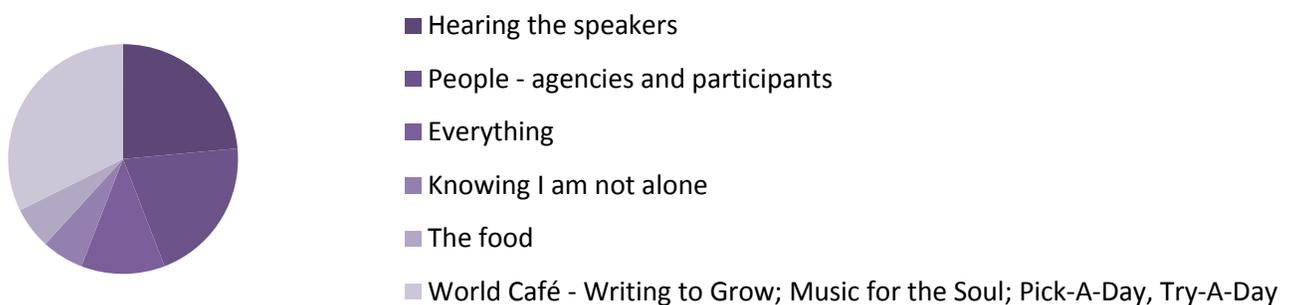
2. Do you feel, after today, that your view of youth & service providers relationships has changed?



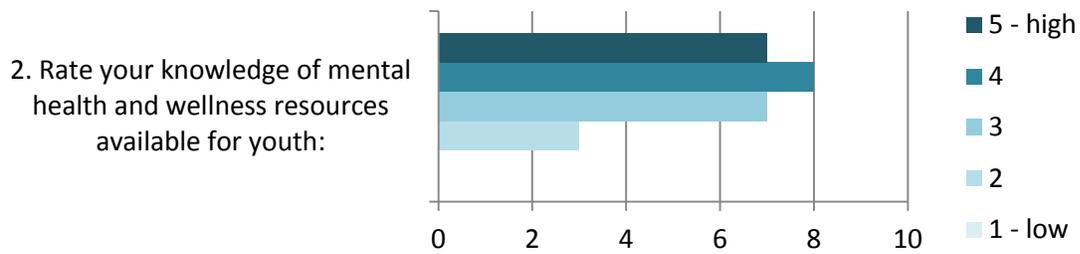
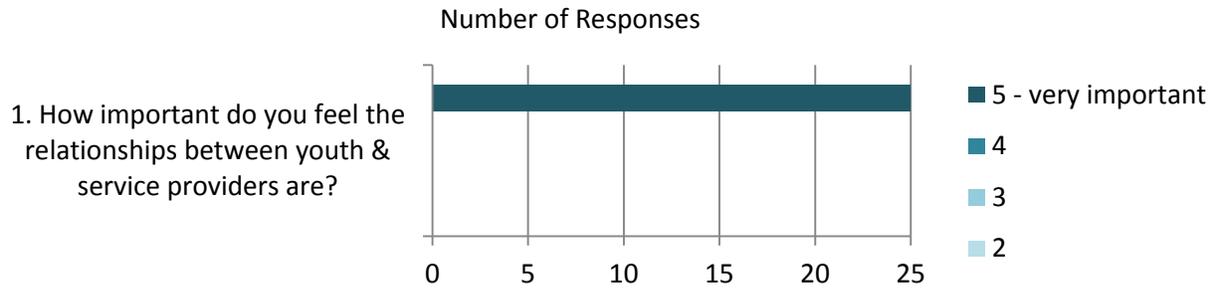
3. What do you feel was most valuable within your day?



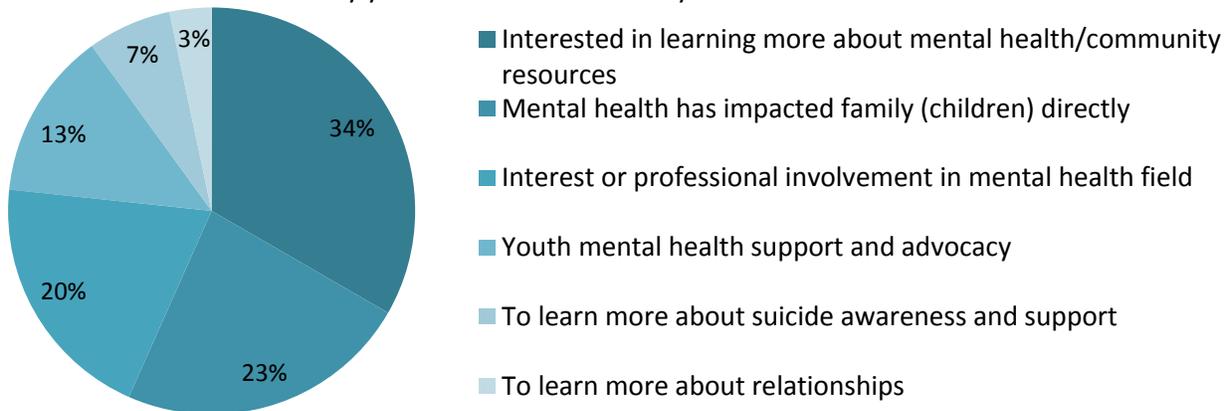
4. What was your favourite part of the day?



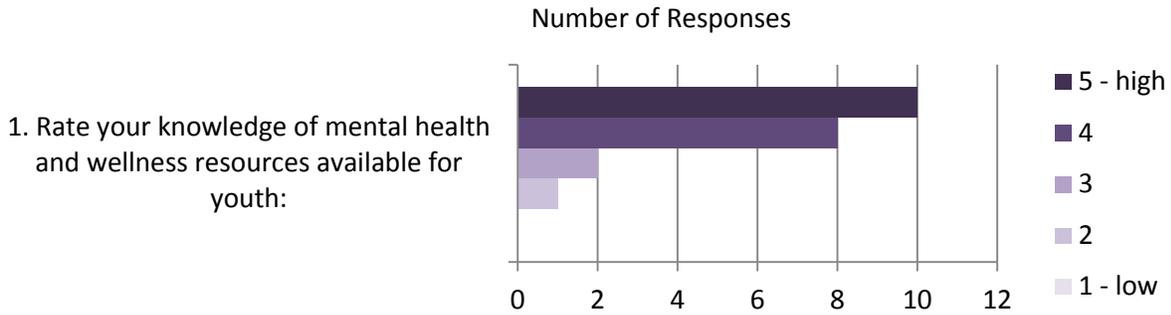
Reaching Out: Youth and Adult Ally Conference
PRE Survey Data for Adult Allies



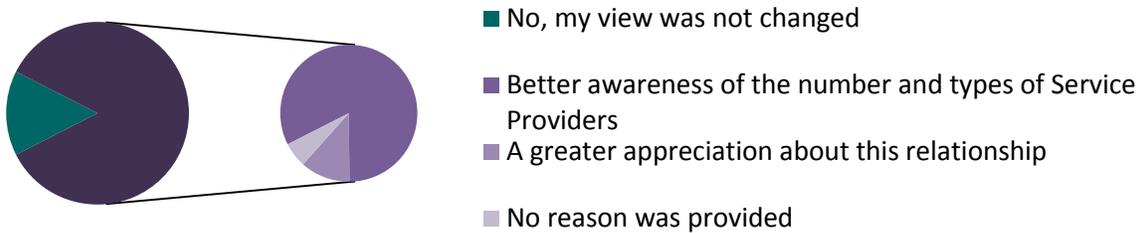
3. Please share the reason why you decided to come today



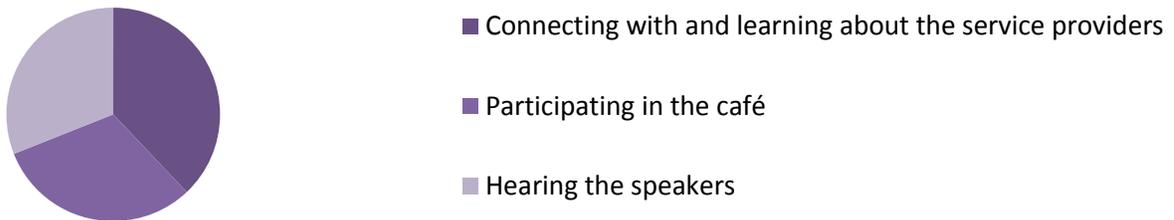
Reaching Out: Youth and Adult Ally Conference
POST Survey Results for Adult Allies



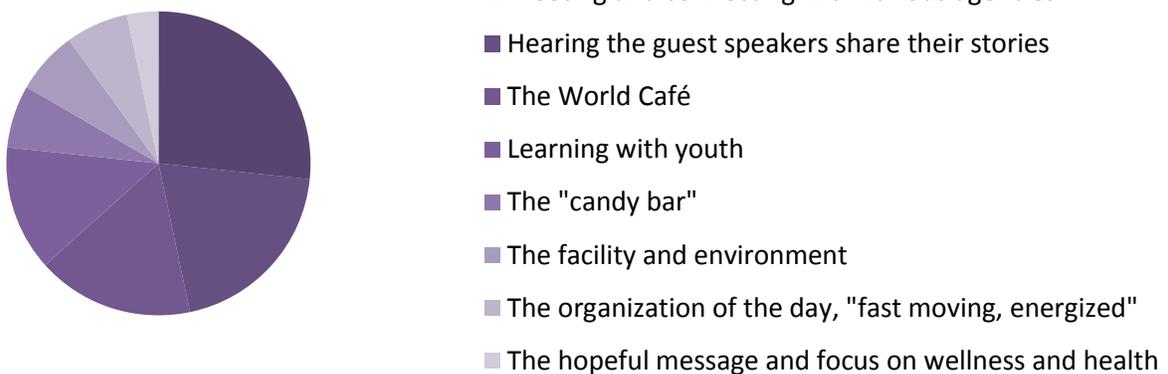
2. Do you feel, after today, that your view of youth & service providers relationships has changed?



3. What do you feel was most valuable within your day?



4. What was your favourite part of the day?



Discussion

Early approval of the 2015 Youth Suicide Prevention Plan grant provided Sarnia-Lambton Rebound with the additional time required to achieve greater participation from members of the community. The committee recognizes that youth are most directly affected by the efforts. As such, youth are key stakeholders. The ability to engage youth in all stages of planning and implementation was a priority and an accomplishment that contributed to the overall success. Survey results from each event indicate a positive change in attitudes and an increase in knowledge.

A look at the **number of participants** in each event shows growth. In terms of gatekeeper training, ASIST workshops and safeTALK training are intended for 30 participants. This number was achieved in 2014 and maintained in 2015. A second ASIST workshop would have been required in order to show growth in this component. The participation in safeTALK almost doubled from 13 participants in 2014, to 24 this spring. An increase in participation with the Youth and Adult Ally Conference meant that a new venue was required. In total, 27 youth and 24 adults participated in 2014, while 49 youth and 25 adults participated in 2015. A greater number of youth and adults volunteers were required which also contributed to the increase in numbers at the conference.

Participation in the **ASIST workshop** has increased the likelihood that frontline workers would recognize warning signs of suicide and perform future interventions. Confidence in knowledge of warning signs doubled through participation. All participants felt they had a strong knowledge of warning signs. Comfort listening to a person talk about suicide rose from 29% to 93% of participants feeling "very comfortable". All participants left the workshop feeling at least "somewhat comfortable" asking about thoughts of suicide. This includes 93% who felt "very comfortable" while only 29% arrived with this comfort. Survey comments indicate participants understood and appreciated the river analogy. Participants also indicated a growth in communications skills and an ability to recognize when they are out of sync with the person in crisis and how to get back on track. A strong belief that a client should have a safety plan was developed and a number of comments indicated that the front line workers felt better prepared for helping clients construct safety plans. The ASIST participants valued the training; all indicated they would recommend ASIST to a colleague or a friend.

All **safeTALK** participants reported that the training was carried out by a knowledgeable trainer who encouraged participation and respected responses. All participants intended to tell others about the benefits of safeTALK training. Initially, it was surprising to see that a high number of participants felt only "mostly prepared" to talk directly and openly to a person about thoughts of suicide. While the target audience for this training was the general public, a high number of participants were front line workers. The purpose of safeTALK training is to increase the number of suicide alert helpers in the general public. ASIST would have been more appropriate for these health care professionals, as it would have provided more information about suicide in general, while helping in development of communication skills for interventions, and the

development of safety plans and other skills required to support a client in crisis. As members of the community, the health care professionals may have felt well prepared, but in the context of their role, further preparations are still required.

Survey results for **Reaching Out: Youth and Adult Ally Conference**, indicate that the event was a successful way to strengthen relationships and establish a sense of trust between youth and adults. Both youth and adults indicated an improved knowledge about mental health and wellness resources available for youth, as well as a positive change in view of the relationship between youth and service providers. Many survey comments indicated youth had better awareness of the number and types of service providers who offer a safe environment for support. Some youth indicated that more community awareness, including the impact of drugs on mental health, is needed. A number of youth reported that their knowledge of service providers meant that they no longer felt alone. Adult feedback about the relationship between youth and service providers focused on the number and types of service providers as well as an appreciation for this relationship. Some specific survey comments from youth are important to acknowledge as they allowed for inferences to be drawn that the conference:

- promoted the idea that mental illness is like any other illness,
- helped to reduce stigma and secrets regarding mental illness and suicide, and
- created a safe place for youth and adult allies to talk about mental health issues.

These comments are:

"It needs to be addressed more around the community."

"It is important to tell someone if you're having bad thoughts."

"The feeling to know I'm not alone in the World."

"Other people fight with these things."

"The cafe gave me more resources, speakers ♥ courage ♥ "

"Everyone was really welcoming."

In the future, additional and focused questions relating to each of the above goals will help to measure these outcomes quantitatively.

Time will be required to assess the outcomes relating to the **Billboard** and the **We Care Packages**, although anecdotes and media coverage indicate that these will be very well received. The original plan for the billboard was to produce a photo-mosaic from many smaller pictures of conference participants. Although 250 digital images were captured, the outcome was not coming together as planned. Flexibility was demonstrated by changing the design in a way that allowed for the same message to be communicated differently. The goal of producing the photo-mosaic has been deferred until 2016.

Future Planning, Recommendations and Next Steps

Decision making about next steps will become easier, as a number of documents are released in the upcoming months. The Public Health Agency of Canada will release the **Federal Framework for Suicide Prevention** this summer³³ to provide direction and help coordinate planning Canada-wide. Shortly after, the Lambton Kent District School Board will release the **Suicide Prevention, Risk Management and Post Management Protocol**.³⁴ The Sarnia-Lambton Youth Suicide Prevention Plan Committee will ensure future work is aligned with the guidelines provided in the Federal Framework. This includes the application of research and evidence-based practices for the prevention of suicide. Continued evaluation will help to determine the relationship between each initiative and young lives saved. An understanding of the LKDSB Protocol will facilitate joint efforts, improve efficiency, and ensure complementary actions.

At this time, a number of future initiatives are worth considering for 2016:

Continue with **Gatekeeper training** using both safeTALK and ASIST.

- Consider a new county site, such as Petrolia, for safeTALK training in 2016. That said, repeating the safeTALK training in Forest could help this area "reach the scale necessary to generate a reduction in youth suicide."³⁵
- Consider extending the invitation of safeTALK training to media given
 - "responsible reporting" is known to reduce the risk of imitation following a death by suicide. Providing media with more knowledge about suicide risk factors, prevention strategies, and personal actions to promote wellness. This will help local reporters learn how to communicate to youth struggling with suicide related behaviours.³⁶
 - the inclusion of media in safeTALK training could contribute to a greater number of articles that address mental illness appropriately, like any other illness, which would contribute to decreasing secrets and stigma relating to mental illness and suicide.

Explore additional ways to use **Social Media** to communicate directly with youth.³⁷

- Use Social Media to promote a mental health app that includes suicide prevention features. The Transitions app was developed and released by Dr. Stan Kutcher at the National Level. Another consideration is the Be Safe app which has been adopted by both the LKDSB and the St. Clair Catholic District School Board (SCCDSB). All of these apps can be adapted to direct youth in need of support to local services and resources.
- Provide youth with images and messages to post, retweet and blog, by having a strong Social Media presence.

Develop an advertisement using the idea for the photo-mosaic to speak to all youth, in particular those in the LGBT2SQ community.

- Involve youth from all high schools and Lambton College in the photography process to increase the number and diversity of images as well as to represent a greater number of local youth.
- Establish an early connection to help draw attention to each component of the 2016 Youth Suicide Prevention Plan and increase advertising through word of mouth.

- Increase interest and "sharing" of the advertisement resulting from increasing the number of participants
- Utilize "free real-estate" for the advertisement at local high schools and Lambton College.

Speak directly to youth about Resilience at the 2016 **Youth and Adult Ally Conference** to help youth understand a few key ideas:

- the importance of recognizing and building their own internal and external strengths,
- that these strengths are protective factors that help them to overcome challenges, including mental illness, suicidal thoughts and behaviours,
- the hard work and life experiences that have brought the participants to this day is evidence of their resilience.

Participation in the World Café and connecting with adult allies, after learning about resiliency, may empower youth by helping them to recognize their ability to build their own protective factors.

Increase youth participation on the 2016 Sarnia-Lambton Suicide Prevention Plan Committee by establishing further connections:

- The LKDSB has established a **Student Senate** with two youth representatives from each school. The Student Senators meet monthly to discuss topics relating to teaching and learning. Student Senator Shanika Mahakul indicated that mental health had been a focus over this past school year.³⁸ As such, Sarnia-Lambton Youth Suicide Prevention would have been an appropriate topic for a meeting. She felt confident that the Senators would be interested in contributing ideas directly, and could help to find youth representation from each school for the 2016 Sarnia-Lambton Youth Suicide Prevention Plan Committee.
- Each school in the LKDSB has an **Equity and Inclusion Committee**. Some have additional committees that address specific aspects of diversity, for example the **Gender Sexuality Alliance** at St. Clair Secondary School. Northern Collegiate Institute and Vocational School has a **Multicultural Awareness Club**. North Lambton Secondary School, Alexander Mackenzie Secondary School, and Sarnia Collegiate Institute and Vocational School have **First Nations Centres** with Education Workers who may help the Sarnia-Lambton Youth Suicide Prevention Committee to welcome First Nations Youth.
- Meet with Christine Preece, the Mental Health and Well-Being Lead with the St. Clair Catholic District School Board, to learn about youth leadership within the SCCDSB and ways to establish youth participation.

Conclusion

Sarnia-Lambton Rebound was awarded a grant from the Ministry of Children and Youth Services to "raise awareness about mental health" and to build the capacity of this community "to respond to young people in crisis and prevent youth suicide". The chart below connects the five components of the 2015 Sarnia-Lambton Youth Suicide Prevention Plan with the Ministry expectations.

The Ministry of Children and Youth Services expectations for the 2015 Sarnia-Lambton Youth Suicide Plan: ¹	Billboard	We Care Packages	ASIST workshop	safeTALK training	Youth Adult Ally Conference
Community awareness events to reflect ongoing work in this area with partner organizations such as Mental Health Commission of Canada;	✓	✓			✓
Providing community resources for youth, families and individuals who come in contact with youth in crisis;	✓	✓	✓	✓	✓
Helping communities assess local needs related to youth suicide prevention;		✓	✓	✓	✓
Providing training for professionals to whom youth in crisis go for help, such as teachers and primary care providers;			✓	✓	
Building and enhancing collaboration among community partners, including local agencies, schools, health professionals and parents			✓	✓	✓

Sarnia-Lambton has "demonstrated a commitment to suicide prevention" and is on track for "building a suicide safer community"³⁹. Sarnia-Lambton Rebound and the Sarnia-Lambton Youth Suicide Prevention Plan committee are committed to the sustained efforts that will be required to achieve this long term goal.

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