



Canadian Association for Suicide Prevention
L'association canadienne pour la prévention du
suicide

The CASP Blueprint for a Canadian National Suicide Prevention Strategy.



Business and Implementation Plan 2006 - 2008

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Introduction

Every year in Canada, approximately 4,000 people die by suicide. It remains a leading cause of death for men, women and young people. In every family and in each community, the aftermath of a death by suicide is as painful and tragic as it is profound and far-reaching.

The need for a solution to this national tragedy was clear. A national strategy is the proposed solution.

The CASP Blueprint for a National Suicide Prevention Strategy was prepared by members of the Board of Directors of the Canadian Association for Suicide Prevention with assistance from other organizations and individuals commencing in 2002.

Themes, expectations, checklists for goals and objectives, a framework for the Blueprint, and a process strategy for writing, review, rewriting and correction, publication and communication were developed in 2003 through strategy, planning and follow-up sessions by the CASP Board members with a group of invited participants. Together, the group represented a talent pool of clinicians, researchers, teachers, program administrators, consumers and survivors. Every participant donated their time and expertise in what would become the most significant document in the development of a national suicide prevention strategy in Canada's history.

In 2004, a four person writing committee composed of a psychiatrist, a psychologist, a social work teacher/researcher and a lawyer/addictionologist was given responsibility to write the initial drafts and submit them for rigorous peer review across Canada. Fourteen formal revisions saw hundreds of changes and improvements. The project editor then took over the task of pulling the pieces together into an integrated document and again rigorous peer review resulted in hundreds of further edits and changes.

In October 2004 the CASP Blueprint was released for review by all Canadians and all levels of government and by members of the World Health Organization and the United Nations.

The CASP Blueprint has been favorably received and compares well with national strategies recently developed in England, Australia, Ireland, and the United States. It is the only national strategy in the world produced entirely by volunteers. It is the only national strategy in the world produced without government funding. Yet, it is as comprehensive, professional and, above all, as practical as any national strategy anywhere, and at any price.

Federal leadership and adequate funding are key to the successful implementation of this *CASP Blueprint for a Canadian National Suicide Prevention Strategy*. The success of this strategy also depends on the collaboration and co-operation of all levels of government and from all segments of Canadian society. CASP remains committed to help in any way we can.

This remainder of this Business and Implementation Plan outlines the structure, goals and implementation steps that are key to the success of this strategy.



Requirements for Success

Each year, approximately 4,000 people in Canada die by suicide. A solution has been identified and the first step completed to address this tragedy, through the development of a Blueprint for a National Suicide Prevention Strategy.

The next step is to implement this national strategy. Taking this step, Canada would join other nations such as Australia, Finland, France, the Netherlands, New Zealand, Norway, Sweden, United Kingdom, Scotland and the United States.

The success of the proposed national suicide prevention strategy is dependent upon the following three key requirements:

- 1. Federal Leadership.** The federal government needs to set out policy adopting the Canadian National Suicide Prevention Strategy.
- 2. Collaboration.** Led by the federal government, there must be collaboration between the federal, provincial and territorial governments on developing a National Suicide Prevention Strategy that can facilitate the adoption of community and local initiatives. There must be “benchmarks” that are agreed to by all governments as targets for suicide prevention.
- 3. Adequate Funding.** There must be funding to establish a national coordinating and implementing body, and to pursue implementation of a Canadian National Suicide Prevention strategy.



Vision

To unite all communities, governments, organizations and resources across Canada with CASP and our stakeholders to work effectively together to prevent death by suicide and to assist, educate and comfort those who have been impacted by suicidal behaviours.

Canada has a wealth of experience, knowledge and expertise to approach suicide as a public health issue and as a preventable problem. Realistic opportunities exist for saving many lives. With a national commitment and with a will expressed through a national strategy to reduce suicide and its impact, Canadians can move forward together.

Guiding Principles

Suicide prevention, intervention and bereavement support is our responsibility as a people and as a nation of diverse communities. The following principles were used to guide the development of this blueprint and will also guide its implementation:

1. Suicide prevention is everyone's responsibility.
2. Canadians respect our multicultural and diverse society and accept responsibility to support the dignity of human life.
3. Suicide is an interaction of biological, psychological, social and spiritual factors and can be influenced by societal attitudes and conditions.
4. Strategies must be humane, kindly, effective, caring and should be:
 - a) Evidence-based.
 - b) Active and informed.
 - c) Respectful of community and culture-based knowledge.
 - d) Inclusive of research, surveillance, evaluation and reporting.
 - e) Reflective of evolving knowledge and practices.
5. Many suicides are preventable by knowledgeable, caring, compassionate and committed communities.



Key Goals

GOAL	SPECIFICS
GOAL A Awareness and Understanding	A. 1. Promote awareness in every part of Canada that suicide is our problem and is preventable
	A. 2. Develop broad-based support for suicide prevention and intervention
	A. 3. Develop and implement a strategy to reduce stigma, to be associated with all suicide prevention, intervention and bereavement activities
	A. 4. Increase media knowledge regarding suicide
GOAL B Prevention and Intervention	B. 1. Develop, implement and sustain community-based suicide prevention programs, respecting diversity and culture at local, regional, and provincial/territorial levels
	B. 2. Reduce the availability and lethality of suicide methods
	B. 3. Increase training for recognition of risk factors, warning signs and at-risk behaviours and for provision of effective intervention, targeting key gatekeepers, volunteers and professionals
	B. 4. Develop and promote effective clinical and professional practice (effective strategies, standards of care) to support clients, families and communities
	B. 5. Improve access and integration with strong linkages between the continuum-of-care components/services/families
	B. 6. Prioritize intervention and service delivery for high-risk groups while respecting local, regional and provincial/territorial uniqueness
	B. 7. Increase crisis intervention and support
	B. 8. Increase services and support to those bereaved by suicide
	B. 9. Increase the number of primary prevention activities
GOAL C Knowledge Development and Transfer	C. 1. Improve and expand surveillance systems
	C. 2. Promote and support the development of effective evaluation tools
	C. 3. Promote and develop suicide-related research
	C. 4. Increase opportunities for reporting
GOAL D Funding and Support	D. 1. Increase funding and support for all activities connected with the CASP Blueprint for a Canadian National Suicide Prevention Strategy
	D. 2. Ensure access to appropriate and adequate health, wellness and recovery services for all Canadians in keeping with the Canada Health Act

Note: The complete list of Goals and Objectives is available in the CASP Blueprint for a Canadian National Suicide Prevention Strategy at casp@suicideinfo.ca



Implementation Plan and Pro-Forma Budget 2006 - 2008

Working toward success in achieving this national vision and the goals outlined will require national leadership, dedicated infrastructure, and systematic national coordination. Pro-forma budget amounts are based on guidance provided by budgets of other national programs and will require review and precise calculation with the help of federal government expertise in the process.

	YEAR 1	YEAR 2	YEAR 3	TOTAL
	2006	2007	2008	
GOAL A	\$3 Million	\$5 Million	\$5 Million	\$13 Million
AWARENESS AND UNDERSTANDING				
GOAL B	\$4 Million	\$5 Million	\$10 Million	\$19 Million
PREVENTION AND INTERVENTION				
GOAL C	\$3 Million	\$5 Million	\$5 Million	\$13 Million
KNOWLEDGE DEVELOPMENT AND TRANSFER				
GOAL D	\$3 Million	\$2 Million	\$2 Million	\$7 Million
FUNDING AND SUPPORT				
TOTAL	\$13 Million	\$17 Million	\$22 Million	\$52 Million



KEY STEPS TO IMPLEMENTATION

Year 1: Budget \$13 Million

- 1.1 Develop appropriate infrastructure including Strategy Implementation Board (Goal D)
- 1.2 Develop Implementation policy and procedures, timelines and measures of success (Goal D)
- 1.3 Work with provincial and national systems to improve surveillance of suicide behaviour and suicide deaths. Assist in the implementation and monitoring of surveillance systems for additional improvements (Goal C)
- 1.4 Begin to develop and disseminate national awareness messages and campaign strategies to address Goal 1, Awareness and Understanding (Goal A)
- 1.5 Identify best practice models and research evidence to advance understanding of effective prevention and intervention techniques to support Goal 2 (Goal B)
- 1.6 Work with existing stakeholder groups toward successful completion of national distress line network and structure to support it, including training, certification, and accreditation (Goal B)
- 1.7 Identify leading expertise in both the development and transfer of research knowledge. Establish effective partnerships and strengthen existing partnerships with these individuals and organizations to further develop and implement an effective strategy for Goal 3 (Goal C)
- 1.8 Develop measures of success for each goal and objective of the plan. Use those measures to monitor implementation activities in each of the subsequent years (Goal C and Goal D)

Year 2: Budget \$17 Million

- 2.1 Work with national funding agencies and local, provincial and national stakeholders to ensure suicide-related research is supported in Canada. The 6 themes of the Canadian national suicide research agenda, developed in February 2003 by CIHR and Health Canada, with support from key researchers, policy makers, practitioners, NGO's and survivors, provides the framework for this effort (GOAL C and GOAL D)
- 2.2 Work with local, regional, provincial and federal systems to assist in knowledge transfer/ dissemination of best practice models for suicide prevention, intervention, and bereavement support at all levels. Where no such models currently exist, identify research needs and work collaboratively with stakeholders and research expertise toward the development of evidence-based models to inform effective policy, practice and service delivery at all levels (GOAL B)



- 2.3 Support local, provincial, and federal program and services providers to link with research expertise for the purpose of development and use of effective evaluation tools and methodologies for measuring current programs and services (GOAL B)
- 2.4 Work with stakeholders to develop current media guidelines for the reporting of suicide and suicidal behaviour across all forms of Canadian media (Goal A)

Year 3: Budget \$22 Million

- 3.1 Work with local, regional, provincial and federal systems to implement best practice models and practice guidelines for suicide prevention, intervention, and bereavement support at all levels. Work with stakeholders to develop standardized evaluation strategies for implementation (GOAL A and GOAL B)
- 3.2 Assist programs, services and systems to identify gaps, to develop, implement and support improved continuity of care policies and practices (GOAL B)
- 3.3 Work with stakeholders to increase training for key gatekeepers, volunteers and professional groups (GOAL B)
- 3.4 Work with provincial and federal systems to identify and recommend methods to reduce the availability and lethality of suicide methods. Assist in the implementation of these recommendations as needed (GOAL B)
- 3.5 Implement measures of success for each goal and objective. Track success and areas where improvement is needed. Report to all stakeholders (GOAL C and GOAL D)

