



# SHARING WHAT WE KNOW REPORT

COMMUNITY CONVERSATIONS ON SUICIDE PREVENTION  
AND LIFE PROMOTION  
JANUARY 2022



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# EXECUTIVE SUMMARY

On January 12 and 13, the Suicide Prevention and Risk Reduction (SPRR) Community Working and Advisory Group hosted the first Community Conversation on Suicide Prevention and Life Promotion. This online event brought together 133 community members throughout Nova Scotia, Canada to participate in a frank, open conversation on how their communities are being impacted by suicide. Our hope was to gain better insights on how communities are supporting those contemplating and those grieving from suicide as well as understand what training is needed to build capacity for this work. These conversations will help inform the NS Suicide Prevention and Risk Reduction Framework and community organizations to work collaboratively to reduce suicide.

The Community Conversations were held over two mornings and included presentations on the NS Suicide Prevention and Risk Reduction Framework and data from the Medical Examiner's Office. Fireside Conversations brought to light the lived experiences of those who are working in the community to promote life. Breakout sessions were placed throughout the mornings to create an opportunity for participants to reflect and share their understandings. Participants came from all over Nova Scotia and walks of life - individuals with lived experience, grassroots organizations, provincial charities, private businesses, first responders, libraries, NSCC, Regional Centres for Education as well as government representation from the Department of Health and Wellness, Department Community Services and Nova Scotia Health.

This report shares how communities in Nova Scotia are addressing suicide, the need to create a stronger bridge between community and the mental health system, and how community organizations are breaking down barriers. The discussion includes the challenges that communities are facing in preventing suicide and the strong desire to work collaboratively with each other and the formal system to create a holistic, intersectoral approach. Data that demonstrates how the social determinants of health impact suicidality is needed. While recognizing the need to further engage priority populations, this report acknowledges that suicide is experienced differently and no one solution will meet everyone's needs. There is a great desire to learn how to prevent suicide not only during a crisis but working further upstream.

This report concludes with feedback shared in the evaluation and the Community Working and Advisory Group's recommendations to move forward. While still exploring how communities are preventing suicide, programs and training suggestions are offered to support communities' efforts and with the hopes that funders will acknowledge the need to support this work.



# ACKNOWLEDGEMENTS

Thank you to everyone who participated in the January 2022 Community Conversations on Suicide Prevention and Life Promotion. Your wisdom and passion was felt!

We would like to acknowledge the SPRR Community Working and Advisory Group for the many hours of planning and feedback in preparing the Community Conversations.

Kristyn Anderson- Youth Sport  
Bill Berryman - Seniors Advisory Council  
Carmel Farahbakhsh - The Youth Project  
Sarah Hergett- Nova Scotia Health, Mental Health Promotion  
Peri Lockhart - Injury Free Nova Scotia  
Seana Jewer - Nova Scotia Health, Roots of Hope  
Ayat Noori - Halifax Refugee Clinic  
James Sanford - Acadia University Post Secondary (Atlantic Focus)  
Donna Smith - Health Association of African Canadians  
Keith Anderson - Canadian Mental Health Association, NS  
Ryan Gould - Membertou Men's Society  
Helen MacDonnell - Community Links NS

Thank you to our presenters and guest speakers for their insights and candor!

Krista Durand, Health Promotor Dept. Health and Wellness, SPRR Project Manager  
Emily Schleihauf, Public Health Epidemiologist with the Medical Examiner's Office  
Ryan Gould, Membertou Men's Society  
Andrea Puszkas and Peace Nabwami, Rainbow Refugee Association  
Nolan Boyd  
Kristyn Anderson, Youth Sport  
Keith Anderson, CMHA NS

This event was a huge success with the help of Gerard Murphy's amazing planning and facilitation as well as Douglas Wetmore's technical savvy. Thank you Barefoot Facilitation Inc!

Thank you HORIZONS Community Development Associates Inc for the initial review of the data and evaluation which lay the foundation for this report.

Thank you Injury Free Nova Scotia S for funding the event and the Department of Health and Wellness for funding to support the evaluation.



# BACKGROUND

Suicide has been and remains a critical issue for Nova Scotians. Rates of suicide, attempted suicide and suicidality have increased over time in Nova Scotia. It is important to note that the number of suicides dipped in 2020 in the early part of the pandemic however, they jumped to a record high number of suicide deaths in 2021. Suicide is an urgent public health issue. The effects of the pandemic experience add to the concern as Nova Scotians navigate through post pandemic. In January 2020, the Nova Scotia Department of Health and Wellness (DHW) released Preventing and Reducing the Risk of Suicide: A Framework for Nova Scotia. This framework is even more timely in our current environment. It lays out several 'Areas of Action' each with specific recommendations. One of the six action areas is to Extend Access to Services and Supports in the Community. The recommendations for community are as follows:

C1: Strengthen and extend community-based supports and services in support of individuals at-risk of suicide, particularly in communities that may have higher rates of suicide.

C2: Expand efforts to evaluate and provide targeted gatekeeping (hope providing) training as appropriate to community-based organizations and individuals who may regularly come into contact with people at risk of suicide.

The Community Working and Advisory Group (CWAG) was formed in fall 2020 to build on the framework recommendations for community. Reporting back to the Department of Health and Wellness, the group has autonomy and represents a number of voices across Nova Scotia with an emphasis on equity seeking/deserving populations and groups at higher risk of suicidality.

The CWAG has provided significant input to the DHW in a number of areas and projects over the past 1 ½ years. To further strengthen and build on suicide prevention and life promotion work in community, the CWAG determined that hosting a province wide community conversation would be a solid first step. This large Community Conversation was the first of a series of conversations which will focus on specific populations/communities.

# COMMUNITY CONVERSATIONS JANUARY 2022

## OVERVIEW

The Community Conversations provided a space for suicide prevention/ life promotion services, resources, and hope providers to think, discuss, and explore the issue of preventing suicide and reducing risk in community.

The community conversation hoped to achieve the following objectives:

- Provide and highlight knowledge about suicide prevention and life promotion
- Amplify capacity and resources within the community that support suicide prevention and life promotion
- Gather information, experiences, and feedback to inform the goals of the SPRR Framework at the community level
- Identify resources needed in the community (formal and informal), sustainable funding for existing supports that are working
- Identify needed training in suicide prevention; what training and for who
- Explore experiences of current informal and formal systems
- Highlight what communities need to support their work and to be sustainable
- Empower people to affirm what is good and working in community

This Community Conversation event was a first step for future population specific conversations that will focus on the needs of those who are at particularly high risk of suicide. A critical aspect of this event included members of these populations to prepare for these future Community Conversations which will consider particular barriers and needed support. The information gathered from the January Community Conversation will be shared with the Department of Health and Wellness within a report from the Community Working and Advisory Group, as well as with community stakeholders to inform future suicide prevention and risk reduction work. The target audience included service providers, community organizations and community leaders/hope providers.



# COMMUNITY CONVERSATIONS JANUARY 2022

## THE AGENDA

### Day One Agenda

1. Welcome and Land Acknowledgement
  2. Setting the Context for Community Conversations
  3. The 2020 Suicide Prevention and Risk Reduction Framework
  4. Conversation Round #1
  5. Break: Gallery Showcase: How Communities are Preventing Suicide
  6. Fireside Chat: In Conversation with a Community Panel
  7. Conversation Round #2
- Wrap Up – Invitation to add to Padlet

### Day Two Agenda

1. Welcome Back
  2. Day One Reflections
  3. Nova Scotia's Suicide Rate: Medical Examiner's Office Capture of Suicide Data
  4. Conversation on Data
  5. Break: Gallery Showcase: How Communities are Preventing Suicide
  6. Conversation Round #3
  7. Conversation Round #4
  8. Closing Remarks
- Wrap Up



# COMMUNITY CONVERSATIONS JANUARY 2022

## PRESENTATIONS

NS Suicide Prevention and Risk Reduction Framework

Krista Durand, Health Promoter, Project Manager Dept of Health and Wellness

Nova Scotia's Suicide Rate: How the Medical Examiner's Office Captures Suicide Data

Emily Schleihauf, Public Health Epidemiologist with the Medical Examiner's Office

## FIRESEIDE CONVERSATIONS

Representatives from three community initiatives shared innovation approaches, gaps, and needs.

### Membertou Men's Society

Ryan Gould, from Membertou First Nation, talked about the Membertou Men's Society. They support men's healing and dealing with addictions and/or mental health issues, eliminating stigma, being part of their children's lives, particularly if the child(ren) has been removed from the home. The group has an open-door policy, meeting every two weeks, and sharing a meal. Community and cultural involvement shapes many of their activities. They are expanding to Eskasoni First Nation and potentially beyond. Key tangible supports for the work were the support of the Grand Chief and local community organizations for use of meeting space and providing donations.

### Rainbow Refugee Association

Andrea Puszkar and Peace Nabwami shared the work of the Rainbow Refugee Association, which began 10 years ago and has three staff members and a large network of volunteers who are part of the 2SLGBTQIA+ community. They support a softer, easier 'landing' for refugees when they arrive by creating a sense of community and act as navigators for the various systems. Refugees may be dealing with mental health issues due to past experiences in their home country and trying to navigate systems here. They connect refugees with the supports they need. Initial connections with the association by refugees who are LGBTQIA+ come through the website, organizations, direct email, or via friends.

### Youth Sport

Nolan Boyd shared his story of dealing with mental health issues as a hockey player. He shared that he was able to be open and honest with his team and felt supported by them. Kristyn Anderson, from SchoolsPlus, shared reaching out to Nolan to develop a video for youth sports participants, as well as supporting coaches and parents.





# COMMUNITY CONVERSATIONS JANUARY 2022

## BREAKOUT DISCUSSION SESSIONS

### Conversation 1: Suicide Issues in your Community

1. How is suicide impacting people in your community?
2. What are you noticing or hearing about suicide in your community?
3. What is it about the work you do that makes people feel safe and supported come to you for help?

### Conversation 2: Supporting Mental Well Being

1. How does your work/organization support people's wellbeing?
2. What is it about your organization that makes people feel safe/supported to come to you for help?
3. What is working well in your community to support mental wellbeing and reduce suicide risk?

### Conversation 3: Barriers

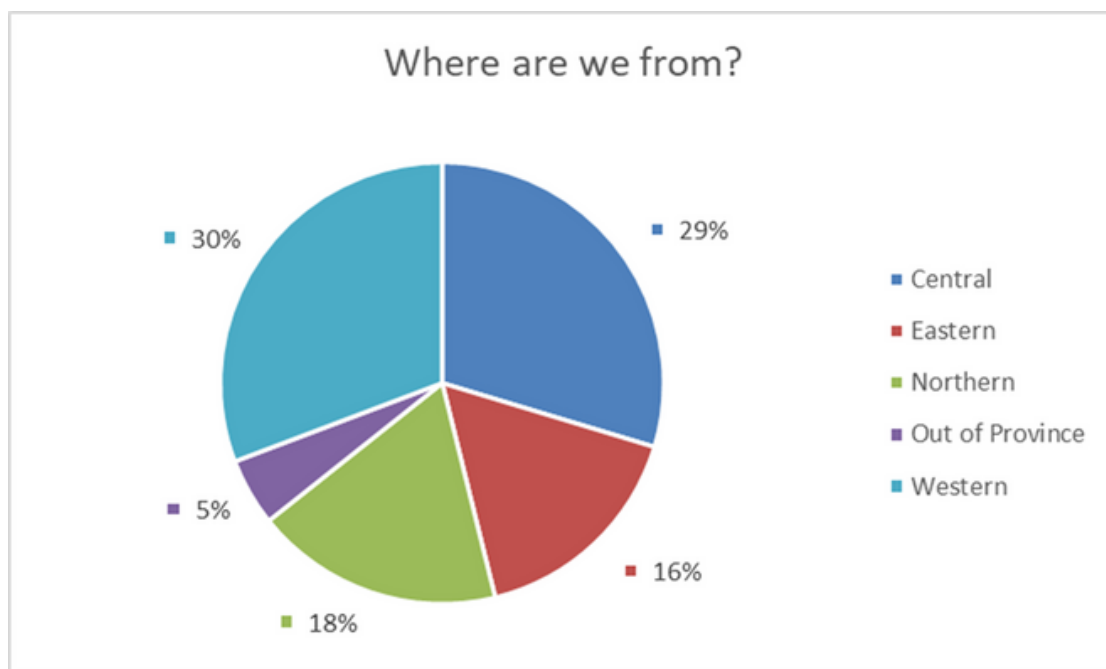
1. What are the barriers to access community based supports and services?
2. What is missing in your community in regard to resources that support suicide prevention and life promotion?
3. How are community based services, resources and hope providers breaking down barriers to suicide prevention and life promotion?

### Conversation 4: Resources

1. What resources could help provide you with more confidence in your work?
2. What could help make your work more efficient or effective?
3. How can we amplify or boost awareness of existing community resources?

# THE PARTICIPANTS

This event was promoted through Eventbrite and was shared by members of the CWAG, community organizations and NSH Health Promoters. In total there were 186 people who registered with 133 in attendance on Day 1 and 115 in attendance on Day 2.

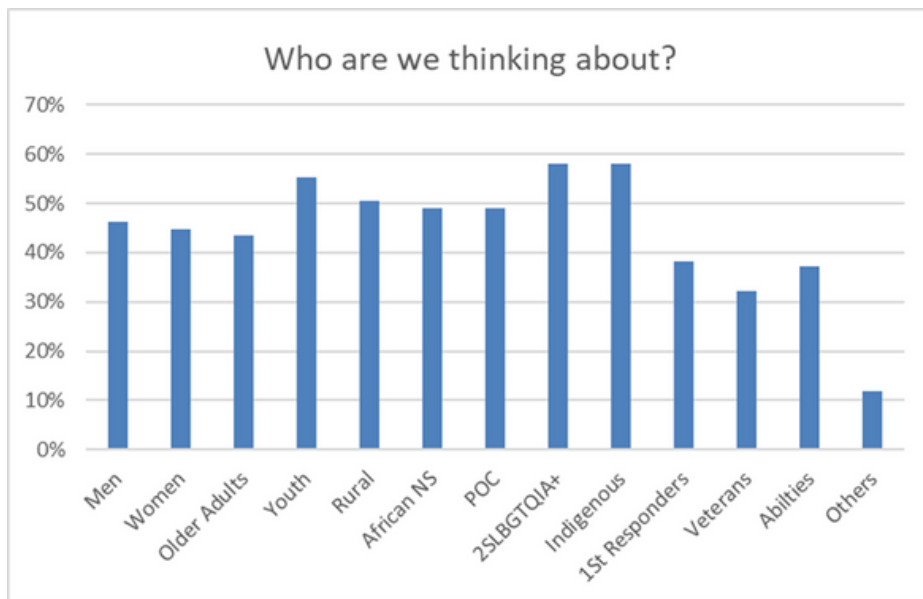
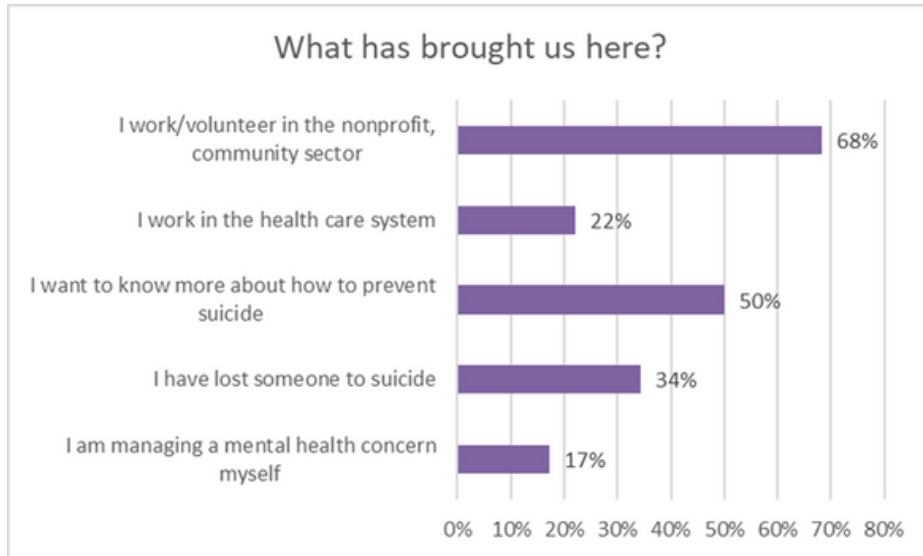


## NSHA Management Zones

Nova Scotia Health Authority is made up of four geographic management zones:

- Central Zone (Halifax area, Eastern Shore and West Hants)
- Eastern Zone (Cape Breton, Guysborough and Antigonish areas)
- Northern Zone (Colchester-East Hants, Cumberland and Pictou areas)
- Western Zone (Annapolis Valley, South Shore and South West)

# THE PARTICIPANTS





# THE PARTICIPANTS

## WHERE WE WORK

13 Factors  
Alzheimer Society of NS  
Amherst Wesleyan Church  
Annapolis Valley Regional Library  
Aspire Atlantic  
Autism Nova Scotia  
Autumn House  
Annapolis Valley Regional Centre for Education  
Between the Rocks Farm  
Boys and Girls Clubs of Greater Halifax  
Blinkhorn Real Estate Ltd.  
Breton Ability Centre  
Cumberland Adult Network for Upgrading  
Caravan Theatre  
Caregivers Nova Scotia  
Catapult Leadership Society  
Chignecto Central Regional Centre for Education  
Canadian Mental Health Association- Nova Scotia  
Colchester Ground Search and Rescue Association  
Community Cares Youth Outreach  
Community Links  
Community Sector Council of Nova Scotia

Coventry University  
Crossroads Cape Breton  
Cumberland Adult  
Cumberland Adult Network for Upgrading  
Davis Pier  
Department of Community Services  
Dept Health and Wellness - Health Promotion  
Dept Health and Wellness - Communications  
East Preston Daycare/Family Resource Centre  
Family Service of Eastern Nova Scotia  
Halifax Regional Centre for Education  
Health Association of African Canadian s  
HomeBridge Youth Society  
Hospital UPR  
Halifax Regional Centre for Education  
Injury Free NS  
Immigrant Services Association NS  
IWK Health  
JackHabbit  
Juniper House  
Kingston / Greenwood Mental Health Association  
Leeside Society



# THE PARTICIPANTS

## WHERE WE WORK

Maggie's Place  
Memory Lane Family Place  
Mental Illness Fellowship Western  
Australia - Lorikeet  
Nick 4 Mental Health Society  
Northside Rising  
Northumberland Regional High School  
Nourish Nova Scotia  
Nova Scotia Trucking Safety Association  
NSCAD University  
Nova Scotia Community College  
NSHA Public Health  
Peer Outreach Support Services &  
Education Project  
Paqtnkek  
Peer Support Nova Scotia  
Pictou County Volunteer Ground Search  
and Rescue  
Pictou County Women's Resource and  
Sexual Assault Centre  
Police South West Nova  
Prudentia Institute  
RCMP  
Rowland Brothers Foundation  
S.H.I.N.E Cape Breton  
Schizophrenia Society of NS  
Schools Plus  
Second Story Women's Centre

Self Help Connection  
Seniors Advisory Council of Nova Scotia  
SHYFT Youth Services  
Soldiers Memorial Hospital Support  
South Shore Centre for Education  
South Shore Family Resource Association  
South Shore Public Libraries  
South Shore Transition House Association  
Tajikeimik (Mikmaw Health and Wellness  
NS)  
Tearmann Society for Abused Women  
The University of Hong Kong  
The Youth Project  
Undercurrent Youth Centre  
University of King's College  
USC- Office Population Studies  
Valley Restorative Justice Society  
Volunteer Springhill fire dept  
Yarmouth Rural RCMP  
YMCA of Southwest Nova Scotia  
Youth Health Centre Coordinator  
Youth Health Coordinator  
Youth health/ns health  
YWCA Halifax



# WHAT WE HEARD

## MAIN THEMES

With the help of Horizons Community Development Associates, several overall themes from the presentations and conversation rounds emerged. They included:

- Lack of resources available around the issue of suicide
- Lack of access to resources that do exist, particularly in rural areas
- The ongoing stigma related to the issue of suicide
- The impact of suicide on marginalized communities
- The interest in and need for data that is more specific
- The clear intersection between poverty, housing, access to services, mental health, and suicide

Programs and services that are trusted, relationship-based, confidential, and non-judgmental are key to supporting communities. The following is a deeper dive into these themes and the learning gained through the Community Conversation.

## COMMUNITY INSIGHTS

Communities in Nova Scotia are greatly impacted when someone is lost to suicide. There are often feelings of guilt, helplessness, grief and regret. Participants shared concerns that a “mental health storm” is coming, the perception that suicide rates are increasing and the lack of immediate service and resources in communities. These concerns stem from the feeling of isolation that has occurred during the pandemic and has further marginalized those most at risk. Stigma is prevalent, especially in smaller communities and suicidality is not openly discussed thus reducing the likelihood that people will seek help. Yet participants are hearing more conversations about suicide and poor mental health in workplaces and on social media.



# WHAT WE HEARD

Despite these concerns, the number of suicides decreased in 2020. Participants identified potential protective factors that may contribute to this occurrence as well as destigmatization of suicidality, such as:

- Increased awareness of the importance of maintaining one's mental health
- Increased sense of community and kindness during the pandemic
- Government support during the pandemic may also have supported mental health and basic needs e.g. Canada Emergency Response Benefit
- Increased online support groups and other mental health resources are more readily available
- Awareness campaigns that have helped combat stigma
- Creation of safe spaces to talk and share information in communities

## NEEDING TO BRIDGE COMMUNITY AND THE MENTAL HEALTH SYSTEM

There was recognition that both the community and those working in health care are experiencing collective fatigue. Participants expressed awareness of the increasing demands on the mental health system and noted a number of challenges people are having in accessing clinical mental health supports. These include:

- Long wait times
- Challenges navigating a complex system
- Mistrust of the system due to not receiving timely support
- Lack of cultural competence
- Lack of welcoming physical space (e.g. emergency rooms)
- Inability to participate in online support or access resources due to lack of high quality internet
- Inability to pay for private clinical support



# WHAT WE HEARD

Participants identified suggestions that would improve community's experience in the mental health system including:

- Increase the accessibility to mental health crisis teams
- More skilled professional/healthcare providers including psychiatrists and psychologists
- More walk in clinics and drop in spaces
- Improve recruitment of young professionals and students
- Use of alternative therapy methods (eg. Art therapy and mindfulness)
- Ensure follow up with people after a referral and acute care and after discharge
- 24/7 availability to crisis services

In addition to identifying mental health system (clinical) improvements, participants also acknowledged the need to concentrate on health promotion efforts and upstream and life promotion approaches. Community organizations talked about the services and supports that help people maintain good mental health as well as support people who are waiting for clinical treatment and others who do not seek clinical help. This is often done with minimal funding.

The remainder of this report will describe participants' perspectives of what mental health support looks like in the community as they work towards bridging the gap between community and the mental health system.

## COMMUNITY ORGANIZATIONS BREAK DOWN BARRIERS

As mentioned, stigma is a major barrier to preventing suicide in many communities. Community organizations are raising awareness about mental health, educating about prevention and offering some training. They create safe spaces for open conversation around difficult topics through in-person and online visits, telephone and texting.



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## WHAT WE HEARD

Many community organizations are client focused and allow the person to determine how they would like to be helped. They recognize the lack of diversity in healthcare settings and work towards equity. Participants discussed the importance of language being supportive and trauma informed. They connect with people “where they are at and bring services to them.” They are able to focus on specific high risk populations such as youth and men’s mental health issues. These services, programs and resources are offered at low cost or for free. Storytelling helps those in community organizations understand people’s situation and is seen as a learning opportunity. Building relationships is vital to community organizations. Participants shared a number of ways relationship building is part of their practice, such as:

- Being present for others is important
- Focusing on the person and making the most of the skills and abilities they have to support others
- Encouraging trust and supportive relationships by providing safe, confidential, judgment-free space
- Offering peer support allows others to understand that they are not alone and feel less isolated
- Incorporating art into their work
- Working collaboratively with schools
- Participating in a network of support with other community organizations

Creating support networks for the person and those working in the community sector is critical in being able to provide mental health support. This helps them navigate services for people in the community who are experiencing a variety of challenges such as food insecurity, unemployment, transportation and homelessness which contributes to poor mental health. Networks are often composed of people who share lived experiences and value peer-to-peer connections which can balance power differentials and reduce stigma. Community organizations strive to be safe places, with open door policies where people can listen and build trusting relationships. They support their staff by providing training and prioritize staff’s well being.

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## WHAT WE HEARD

Participants want greater awareness for the role they play in supporting mental health. Awareness of existing community resources can be amplified or boosted through:

- Traditional media (television, radio, newspapers)
- Social media (eg. sharing each others' posts)
- Participating on public forums.
- Nova Scotia 211
- Regional hubs, asset maps or a website would be helpful

Efforts to support and coordinate networking to build connections and collaborations with other organizations was encouraged.

## CHALLENGES FACING THE COMMUNITY SECTOR

Although community organizations play an important role in addressing mental health and preventing suicide, they do experience a number of challenges.

Participants noted there are not enough safe and welcoming spaces in their communities to allow for conversations that could break down stigma.

- People in the community are sometimes unwilling or unable to reach out for help.
- Community organizations find themselves responding to crises rather than focusing on prevention efforts or supporting postvention.
- Staff are not always trained in Mental Health First Aid or formal training in suicide prevention eg. SafeTALK or ASIST (LivingWorks programs).
- Ongoing funding to build capacity to offer programs in response to the demanding needs is lacking.

The last challenge can increase the sense of competition amongst community organizations leading to a more siloed approach that lacks communication and integration.



# WHAT WE HEARD

## A NEED FOR AN INTERSECTORAL, HOLISTIC APPROACH

Since community organizations often work as a network to support a person's multiple needs, many participants were highly aware of the complexity that leads someone to suicidality. Collaboration and relationships have been or are being developed between service providers and in some cases creating circles of care around a person. Community organizations specifically identified income status, poverty/food security, and housing as factors that intersect to increase suicidality. Participants called for an intersectoral and holistic approach to prevent suicide.

Participants recognized the importance of having financial stability and actively participating in the workforce in reducing suicide. Community organizations are aware that intergenerational poverty is an issue and that priority populations are the most greatly impacted. For those actively working, participants noted that promoting psychologically safe and healthy workplaces is critical. Participants attributed the 2020 decline in suicide completions in part to being able to work from home which reduced stress and exposure to workplace bullying while allowing reconnection with family. Economic supports, such as CERB, were speculated as having an impact on decreased suicide rates in 2020 by alleviating some financial distress.

Participants advocated for basic needs such as food security and housing to be met in order to realistically address poor mental health. This was especially noted by participants in rural communities who also have tremendous transportation issues. Participants believe the lack of food security and housing are significantly contributing to the delay in services such as acute care, emergency rooms, post hospital stays and shelter services. Those who are homeless, have a severe mental illness and/or are disabled are the most likely to experience the gap in services. Youth were also noted as being particularly vulnerable. Participants suggested that focusing on protective factors should be a key strategy in community suicide prevention.



# WHAT WE HEARD

Opportunities for collaborations and partnerships, both formal and informal, were identified as needed to encourage community organizations to share ideas, break down silos and understand each other's roles.

## LACK OF DATA

Participants are aware that there is limited data to support the experiences they observe in the community. After listening to the presentation on suicide statistics from the Medical Examiner's Office, participants expressed they would like to see more socio-economic data as it relates to suicide and there is a need to look at the social determinants of health to understand preventive measures. This data is seen as critical in order to effectively work upstream to help build and support healthy families and communities and contribute to life promotion.

Reflections on the decline in suicide rates in the early part of the pandemic highlighted the need for ongoing support for poverty/income, housing, increasing the sense of belonging, decreasing social isolation and loneliness, and building resilience.

Again, stronger data which is race based and inclusive of all gender identities would help clarify the intersectionality of priority populations, socio-economic information and suicidality and inform strategies that the community can implement to move forward.

*I would like to know more about what is being done to link provincial stats related to the social determinants of health; how do we work with these numbers while ensuring people's privacy? Without stats (poverty, addictions, housing, vulnerable groups, etc.) it is difficult to engage in impactful awareness.*

*-Participant Quote*



# WHAT WE HEARD

## PRIORITY POPULATIONS

Participants were acutely aware of the lack of supports and resources available and were specifically concerned about youth and people living in rural communities. Participants were aware that members of the 2SLGBTQIA+, youth, newcomers, transgender, Indigenous and African Nova Scotia community are at higher risk and lack supports. Participants noted the need to reduce stigma and shame over gender identity as well as the need for supportive role models for the 2SLGBTQIA+ community. There is a need for gender affirming mental health care. Participants noted the need to address housing, the lack of Mi'Kmaq translation services and culturally appropriate services offered in Mi'Kmaq.

Many participants are concerned about the youth in their community. For youth, participants expressed concern that suicide within their circle may be their first loss and have witnessed grief that disconnects youth from caring adults within schools and families thus reducing their “safety net”. Participants have observed that more youth know someone who has died by suicide and an increase in suicide ideation among younger people including preteens. This was especially noticed by participants living in smaller, rural communities. How boys are dealing with their mental health was of particular concern. Participants shared that community organizations are trying to support schools with social-emotional learning and mental health literacy.

Sixty six percent of the participants were from outside of the central zone and spoke of their experience in rural communities. Lack of transportation and minimal access/availability of mental health services were recognized. Online options can offer little relief as access to reliable and affordable high-speed internet is limited. Privacy in small communities was also identified as a barrier in providing support.

Participants expressed the need for culturally appropriate and competent services including counselling, treatment and crisis services especially in rural communities. Participants speculated the decline of suicides in the 2020 suicide data could be attributed to more concentrated effort to support the vulnerable and marginalized.



# WHAT WE HEARD

## EDUCATION AND TRAINING

Participants described the need for a cohesive, consistent strategy to provide training, awareness and support for community suicide prevention with an emphasis in health promotion and upstream actions to address the lack of skilled support and education. Overall, the pandemic has created additional financial and staffing challenges for the community sector. Community organizations are limited in the number of staffs so increasing knowledge and skills can lead to greater impact towards suicide prevention.

Participants identified several groups of people that should be trained in suicide prevention, including:

- People who work in community hubs and gathering places like libraries
- Family members and friends
- First responders (e.g. Ground Search and Rescue, EHS Attendants and police who perform mental wellness checks)
- School personnel
- Workplaces - Colleagues, Peers, Managers and Leadership

Participants would like to see an increase in training on

- Vulnerability
- Mental health literacy
- Interventions
- Coping skills

ASIST and Mental Health First Aid were specifically mentioned as possible trainings. Participants also shared ideas on training that would be particularly helpful in supporting youth through suicide ideation. Designated people in schools such as supportive teachers and SchoolsPlus workers could be trained in:

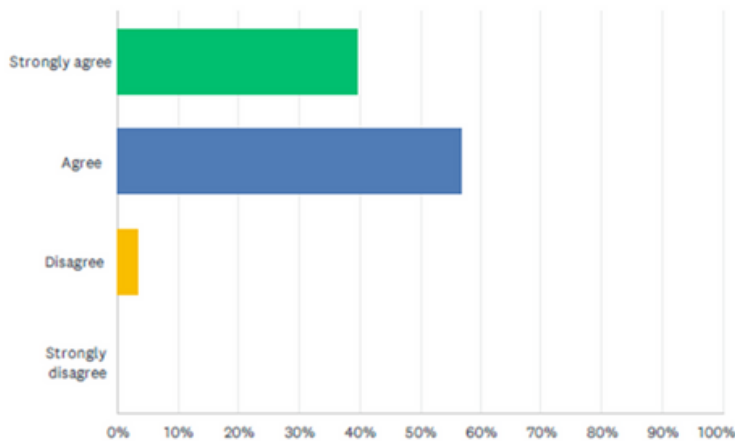
- How to respond to suicidal thoughts
- Knowing the signs
- Handling triggers
- Teaching coping skills
- Social-emotional learning for younger children



# EVALUATION

Q2 I learned about community suicide prevention initiatives that are happening in Nova Scotia:

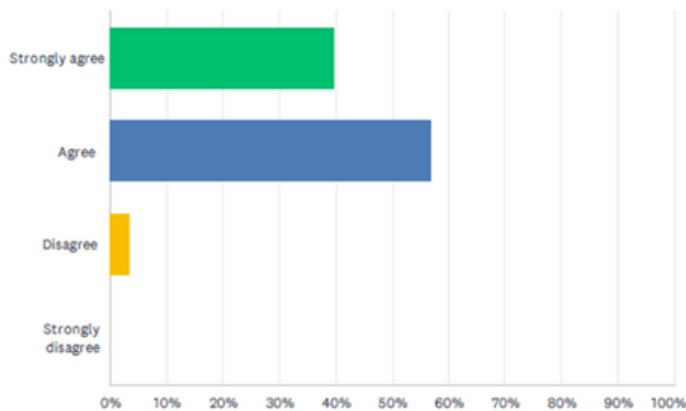
Answered: 58 Skipped: 0



**97% OF PARTICIPANTS INDICATED THAT THEY LEARNED ABOUT SUICIDE PREVENTION INITIATIVES THAT ARE HAPPENING IN THEIR COMMUNITIES.**

Q2 I learned about community suicide prevention initiatives that are happening in Nova Scotia:

Answered: 58 Skipped: 0



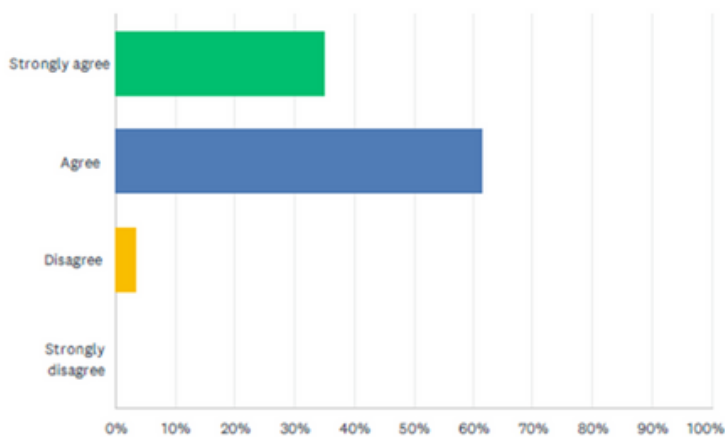
**98% OF PARTICIPANTS FELT THAT THE COMMUNITY VOICE WAS AMPLIFIED AND HEARD.**



# EVALUATION

Q4 My knowledge of community suicide prevention increased:

Answered: 57 Skipped: 1



**96% OF PARTICIPANTS SAID THAT THEIR UNDERSTANDING OF COMMUNITY SUICIDE PREVENTION INCREASED.**

## ADDITIONAL FEEDBACK

Participants were asked what was the best part of the Community Conversations. The top responses included:

- An opportunity to network and learn about each others' work
- Share space with other passionate people about suicide prevention and not feel alone
- Understanding suicide prevention from different perspectives across the province
- Hearing stories from those with lived experience was inspirational and motivating

*I liked being able to connect with so many people throughout the province doing good work and hearing many different perspectives.*

*-Participant Quote*



# EVALUATION

## FOR NEXT TIME

Participants were asked what they would like to know more about. Their answers included:

- How can we stay connected and build on this momentum?
- What resources are available for community suicide prevention?
- What training opportunities are available for community suicide prevention?
- How can we better understand suicide data (especially for specific populations)?

Participants were asked how the Community Conversations could be improved. Most participants answered that they were very happy with the event and are looking forward to future opportunities to connect and continue the conversation. There is need to increase diversity of speakers and participants to better amplify the voices of the BIPOC and 2SLGBTQIA+ communities. Participants specifically noted they would like to see elders and trans folk sharing their perspectives.

*The best part was the networking with other people and organizations/programs across the province and such diversity and representation within the group. The facilitator, Gerard Murphy, was incredibly skilled- he was warm and genuine as well. Tech support, provided by Douglas Wetmore was amazing - everything ran so smoothly. The two combined created a nice flow to the 2 days. The level of commitment by the organizing committee was evident. It was well balanced with information/framework, first voice, networking and interactive. Well done! One of the best sessions I have ever attended.*

*-Participant Quote*

*I enjoyed being part of a much needed change, finally having open conversations and looking forward to action taking place.*

*-Participant Quote*



# RECOMMENDATIONS

## CWAG RECOMMENDATIONS

A large cross section of population groups from across Nova Scotia attended the Community Conversation. The CWAG makes the following recommendations based on participant input:

- Those with lived experience, either having contemplated in the past or have lost to suicide, need to continue to inform the NS Suicide Prevention and Risk Reduction Framework and more specifically on how communities can promote life.
- Recognizing that the formal mental health system is primarily responsible to providing clinical supports, community can play a more active role in suicide prevention when a health promotion lens is used that considers the social determinants of health. Data that demonstrates this connection will help build support and recognition for the work community organizations are doing to promote life.
- All suicide prevention and risk reduction initiatives must use a health equity lens and be culturally competent. Suicide impacts people differently and not enough is understood about how priority populations experience suicidality. Suicide data should reflect this diversity by including raced based data and be inclusive of all gender identities as well as living in rural and urban areas.
- People and communities do not want to work in silos, yet the stigmatization of suicide means many do this work alone. We need to create opportunities to acknowledge, support and learn from each other through building networks and collaborations.
- A cohesive, consistently funded strategy to develop resources and provide training that reflects the Nova Scotian context and the communities' experiences in prevention, crisis and postvention experiences is needed. This is especially necessary for those who live in rural communities where access to internet and transportation is limited and people are experiencing long wait times for clinical care.

An illustration at the top of the page shows several stylized human figures in profile, some with thought bubbles above their heads. The word "RECOMMENDATIONS" is written in large, bold, green capital letters across the middle of this illustration. Below the illustration is a solid teal horizontal bar.

# RECOMMENDATIONS

## COMMUNITY INITIATIVES THAT SUPPORT SUICIDE PREVENTION

We are working towards better understanding how the social determinants of health contribute to suicide prevention and encourage community organizations to work upstream. The following suggestions are programs that should be funded in their efforts to support suicide prevention:

- Programs that create a sense of belonging
- Programs that teach healthy coping strategies
- Programs that teach social-emotional learning
- Programs that help people navigate supports for basic human needs and financial security
- Programs that increase cultural competency
- Programs that support those who have lost someone to suicide

## TRAINING THAT CAN BUILD COMMUNITY CAPACITY

Participants noted the need to build knowledge and skills in supporting mental health in their communities. The community organizations should be funded to become trainers and participants in the following training programs.

- Mental Health First Aid
- ASIST
- SafeTALK
- Cultural Competency
- Psychological Health and Safety in the Workplace



# CONCLUSION

## NEXT STEPS

The Community Working and Advisory Group spent many months planning and preparing for the Community Conversation which lays the groundwork for sector specific conversations to follow. Financial support from Injury Free Nova Scotia made a huge difference in the ability to accomplish the intended goals. The turnout was beyond expectation.

The feedback was incredibly positive. The Conversation was a safe, supportive event that allowed people to hear and learn from one another, share and celebrate creative ways to support community and become further inspired. There is a lot of work to do in life promotion and suicide prevention. The work is ongoing and the efforts within community are admirable. It is our hope that this report will serve to draw government's attention to barriers and needed resources as well as point the way to some effective and promising community based efforts.

It is our hope also that participants will use this report to apply for grant funding, to advocate and highlight issues/needs and, so importantly, to connect with others doing good work in the community to share ideas and support one another's efforts. The Community Working and Advisory Group extends a tremendous Thank You! to all participants and speakers for your attendance at this event and for your dedication to making Nova Scotia a suicide safer place to live, learn, work, play and age.

We are pleased to share that the Canadian Mental Health Association NS and Injury Free NS have secured funding to support future Community Conversations in 2022-2023. We know we need to further explore how priority populations as well as specific groups like older adults, educators, and youth are experiencing suicide. If you are interested in helping us host this next round of conversations for a particular group please reach out to Keith Anderson, CMHA NS (CMHANS-CBLead@novascotia.cmha.ca) or the co-chairs of the CWAG Sarah Hergett (sarah.hergett@nshealth.ca) or Seana Jewer (seana.jewer@nshealth.ca).