

## Topic Overview

# Preventing Suicide in Canada

## Stakeholder Dialogue 9 November 2012

The McMaster Health Forum convened a stakeholder dialogue on the subject of preventing suicide in Canada. With the support of the Canadian Institutes of Health Research, the dialogue brought together participants – three policymakers, 11 managers, two healthcare professionals, two researchers, and three individuals from grassroots organizations -- from across Canada to examine the problem, options for addressing it, and key implementation considerations.



The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.

## Deliberation about the problem

The deliberation about the problem initially focused on the challenge of making suicide prevention a high priority public issue in Canada. Several dialogue participants suggested that the lack of political will at different levels of government and the lack of broader societal leadership contributes to this challenge. Dialogue participants identified a number of key features of the problem that also contributed to the challenge: 1) the complex nature of the problem; 2) the stigma associated with suicide; 3) the limited capacity to trigger meaningful societal transformation; 4) the fragmentation of efforts across the country; and 5) the lack of applied and community-driven research. On the other hand, several dialogue participants expressed cautious optimism about the priority being accorded to suicide prevention, citing the recent introduction of a bill in Canada's federal parliament calling for a national suicide prevention framework, the Mental Health Commission of Canada's promotion of a national mental health strategy across the country, and the plan for creating a national collaborative on suicide prevention.





Participants drawn from government and from policy, professional and research organizations gather during a McMaster Health Forum event on 9 November 2012

## Deliberation about an approach

Dialogue participants generally supported all three potential elements of a comprehensive approach to address the problem. They primarily focused on the first and second elements: 1) developing and implementing suicide-prevention strategies in ways that build on strengths, resilience and protective factors (element 1); and 2) fostering integration and coordination of new and ongoing efforts to prevent suicide within and across sectors and jurisdictions (element 2). Dialogue participants focused on the importance of celebrating and building on successes, which include those provincial/territorial strategies that exist and are being implemented. Most participants agreed about the importance of developing and supporting the implementation of a national suicide prevention strategy, although they grappled with who should lead the development of the strategy, who should be the client(s) for the strategy, and who could play a coordinating role in the execution of the strategy. The deliberation focused to a lesser extent on providing education and training in suicide prevention (element 3), which was felt to be handled within the other two elements. Two additional elements emerged during the deliberation, namely developing a path forward for societal transformation in relation to suicide prevention and ensuring that research evidence gets used in policymaking and in decision-making more generally.

## Deliberation about next steps

Many dialogue participants voiced their optimism and some expressed feelings of re-invigoration. Dialogue participants agreed that each of them as individuals could take a number of steps given their respective roles, although some indicated that they could only make modest contributions given their lack of capacity, resources or both. Examples of potential contributions included: undertaking more advocacy efforts for a national strategy and ensuring that all of the existing strategies 'talk' to each other; reaching out beyond traditional partners and taking advantage of serendipitous opportunities to address the issue; giving more strategic direction to what research gets funded and engaging communities in supporting its use; and keeping the conversation going to reflect on what can be done collectively, to showcase promising practices, and to give a voice to particular communities.

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary of the dialogue](#), and [view or listen to the interviews](#) with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view or listen to the interviews, visit our website [www.mcmasterhealthforum.com](http://www.mcmasterhealthforum.com) and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.



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