The Canadian Association for Suicide Prevention (CASP) was incorporated in 1985 by a group of professionals who saw the need to provide information and resources to communities to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.

Vision: We, like many others, envision a world in which people enjoy an optimal quality of life, are long-living, socially responsible, and optimistic about the future.

Purpose: CASP’s ultimate purpose is to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.

Core Functions

1. Facilitation of information sharing on intervention and research:
   - By holding an annual national conference
   - By publishing a newsletter on CASP issues and Canadian suicide prevention
   - By creating service and/or research networks, directories, etc.

2. Advocacy for policy development and the Federal/Provincial/Territorial Level:
   - Via CASP press releases on matters of emergent and National interest
   - By correspondence to National political and/or organizational leaders regarding major policy issues pertinent to suicide prevention
   - Development and administration of guidelines for use in other jurisdictions (e.g. “Schools’ Policy”)

3. Development of excellence in research and service in Canada:
   - Via annual national awards for outstanding contributions in research and service
   - Development of funds for specific projects (e.g. The CASP “Sharing the Healing Fund,” and the Network Fund to increase the availability of “Grieving groups”)
   - Development of standards/certification for service or research organizations
CASP will not:
- Provide direct services
- Provide therapeutic services

A National Strategy for Canada
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.

Suicide in Canada
In the past three decades, more than 100,000 Canadians died by suicide. Every year in Canada approximately 4,000 people die by suicide. In Manitoba someone dies by suicide every other day. In 2006 - 146 people died by suicide in Manitoba. These deaths include our children and our parents, our family members, our friends, our neighbours and people from all socioeconomic, age, gender, culture and ethnic groups. No part of our society is immune. Suicide affects all of us. It remains among Canada’s most serious public health issues.

Suicide is the triumph of pain, fear and loss over hope.
Suicide is most often the result of pain, hopelessness and despair. It is almost always preventable through caring, compassion, commitment and community.

Suicide is a complex problem involving biological, psychological, social and spiritual factors. No one perspective has the corner on truth, but taken together they provide much knowledge. We know that those at risk for suicide experience overwhelming emotional pain. They do not necessarily want to die, but do want help in reducing the pain so that they can go on to lead productive, fulfilling lives.

Tragically, when someone dies by suicide the pain is not gone, but merely transferred to family, friends and community. The grief of those bereaved by suicide requires compassion, understanding and support to help minimize its impact. Many countries have developed or are developing national strategies to reduce suicide and minimize its impact. It is now Canada’s turn.
The World Health Organization’s (WHO) first report on violence and health, published in October 2002, indicates that suicide is the single greatest cause of violent death around the globe; more deaths annually than all war casualties and homicides combined. It states that suicide is one of the leading causes of death worldwide and therefore is an important public health problem. Of the 82 countries reporting suicide statistics to the WHO, Canada ranks 26th putting it in the top third.

Suicidal behavior is an action, not an illness, which has a fatal outcome. It doesn’t result from a single cause. Suicidal actions (resulting in fatal and non-fatal outcomes) should be viewed in the context of mental health issues and other conditions of risk - such as social isolation, biological vulnerability, trauma and stress, family violence, illness, and substance abuse - that interact in complex biopsychosocial ways. Aboriginal communities, in particular, understand that the problem is not just individual but involves a constellation of personal and wider community issues.

**Guiding Principles**

*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.*

The following principles were used to guide the development of this blueprint:

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:
   - Evidence-based.
   - Active and informed.
   - Respectful of community and culture-based knowledge.
   - Inclusive of research, surveillance, evaluation and reporting.
   - Reflective of evolving knowledge and practices.
5. Many suicides are preventable by knowledgeable, caring, compassionate and committed communities.

**GOALS & OBJECTIVES**
Objectives:
1.1 Each province, territory, region and community will have a coordinated public awareness campaign that will reach the majority of the population and target special populations.
1.2 Enhance and expand upon the CASP Annual National Conference on Suicide Prevention designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public.
1.3 Convene national forums on special target populations and specific issues as needed (e.g. physician education on risk assessment).
1.4 Increase the number of public and private institutions and volunteer organizations active in suicide prevention.
1.5 Develop a national suicide prevention week to coincide with World Suicide Prevention Day.
1.6 Increase awareness and support for persons suffering from mental illnesses and substance use disorders, trauma and grief.

Awareness and Understanding

Goal 1 - Promote awareness in every part of Canada that suicide is our problem and is preventable.

Objectives:
2.1 Ensure a broad representation of government, private and public stakeholders in further development, adoption and implementation of the CASP Blueprint.
2.2 Increase the number of national professional, voluntary and other groups that integrate suicide prevention activities into their ongoing programs and efforts.
2.3 Identify and increase the number of advocacy activities for suicide prevention at community, provincial/territorial and national levels.

Goal 2 – Develop broad-based support for suicide prevention and intervention.

Objectives:
3.1 Increase the proportion of the public that values mental, physical, social, spiritual and holistic health.
3.2 Improve public understanding that mental health, treatment for depression, other mood disorders and mental illness, substance abuse, and suicide prevention services are fundamental and essential components of health care in the Canadian, Provincial and Territorial health care systems.
3.3 Improve public understanding that breaking the silence surrounding suicide increases realistic opportunities to save lives and to reduce suffering.

Goal 3 – Develop and implement a strategy to reduce stigma, to be associated with all suicide prevention, intervention and bereavement activities

Objectives:
4.1 Develop media news packages and training to increase knowledge and sensitivity regarding suicide.
4.2 Improve the reporting and portrayal of suicidal behaviour in all media.
4.3 Create national, provincial, territorial and community media awards for excellence in reporting.
4.4 Develop and distribute to each region a code of ethics for all media regarding suicide.

Goal 4 - Increase media knowledge regarding suicide

Objectives:
5.1 The development of separate strategies by Inuit, First Nations, Métis and all Aboriginal peoples.
5.2 The development of separate strategies for persons suffering depression, other mood disorders, mental illness or with a history of suicidal behaviour or multiple suicidal acts, gay, lesbian, bisexual, transgender, transsexual, intersexed and two-spirited persons.
5.3 The development of separate strategies for other high-risk groups.
5.4 The development of implemented prevention strategies by the Government of Canada, and by each province, territory, region and community in Canada.

Prevention and Intervention

Goal 1: Develop, implement and sustain community-based suicide prevention programs, respecting diversity and culture at local, regional, and provincial/territorial levels.

Objectives:
1.1 The development of separate strategies by Inuit, First Nations, Métis and all Aboriginal peoples.
1.2 The development of separate strategies for persons suffering depression, other mood disorders, mental illness or with a history of suicidal behaviour or multiple suicidal acts, gay, lesbian, bisexual, transgender, transsexual, intersexed and two-spirited persons.
1.3 The development of separate strategies for other high-risk groups.
1.4 The development of implemented prevention strategies by the Government of Canada, and by each province, territory, region and community in Canada.

1.5 The development of strategies in settings for:
- youth, young adults, family, community service providers, employers,
- school districts and private school associations, colleges and universities,
- correctional institutions,
- in-home and community based services for seniors,
- persons with disabilities,
- the military, police and emergency response,
- mental health, medical personnel, and other health care providers.
1.6 The development of training and technical resource centres to build capacity for provinces, territories, regions, and communities to implement and evaluate suicide prevention programs.
1.7 The development of a working agenda, timeline and target dates for implementation of these objectives by each community, region, province, territory and the Government of Canada.
Goal 2: Reduce the availability and lethality of suicide methods

Objectives:
1. Increase the proportion of primary care clinicians, other health care providers and health and safety officials who routinely assess the presence of lethal means including firearms, drugs, poisons and other means in the home, and who educate about actions to reduce associated risks.
2. Support/Advocate for the development and use of technology to reduce the lethality of means, for example, firearm locks, carbon monoxide shut-off controls, bridge barriers, medication containers.
3. Support/Advocate for the development of provincial and regional strategies for service delivery and accessibility.

Goal 3: Increase training for recognition of risk factors, warning signs and at-risk behaviours and for provision of effective intervention, targeting gatekeepers, volunteers and professionals.

Objectives:
1. Increase the number of professional groups in the training and management of suicide risk and identification and promotion of protective factors.
2. Increase the number of employers in the training and management of suicide risk and identification and promotion of protective factors.
3. Increase the training and management of suicide risk and of identification and the promotion of protective factors within schools and education systems, and for:
   - Youth, family, community service providers, employers,
   - School districts and private school associations, colleges and universities,
   - Correctional institutions,
   - In-home and community based services for seniors,
   - Persons with disabilities,
   - The military, police and emergency response,
   - Mental health, medical personnel, and other health care providers.

Goal 4: Develop and promote effective clinical and professional practice (effective strategies, standards of care) to support clients, families and communities.

Objectives:
1. Increase the number of people treated for self-destructive behaviours in hospital departments who pursue a follow-up mental health aftercare or continuing care plan.
3. Develop guidelines for assessment of suicidal behaviour across the age span including children, youth, adults and the elderly.
4. Develop guidelines for providing education and support to family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders.
5. Increase the number of outreach activities for those affected by suicidal behaviour.
6. Promote the development of provincial and regional strategies for service delivery and accessibility.

Goal 5: Improve access and integration with strong linkages between the continuum-of-care components/services/families.

Objectives:
1. Follow-up within twenty-four hours of discharge or other transition of care for everyone deemed to be high risk, or with severe mental illness or history of self-harm within the previous three months, and face-to-face contact within a maximum of seven days.
2. Develop individual care plans to specify action to be taken if a person is deemed to be high risk, or with severe mental illness or history of self-harm within the previous three months does not attend follow-up or aftercare or is unable to follow the care plan as originally designed.
3. Develop guidelines and protocols to actively seek and respectfully utilize collaborative input from families and friends.
4. Review and reform mental health care legislation to facilitate appropriate involvement of caring family and community members in aftercare.

Goal 6: Prioritize intervention and service delivery for high-risk groups while respecting local, regional and provincial/territorial uniqueness.

Objectives:
1. Improve the diagnosis and effective treatment of persons with mental illness and mood disorders.
2. Develop and promote interventions and coordinated service delivery for persons with mental illness, mood disorders, substance abuse and addiction, and dual diagnosis disorders.
3. Develop and promote interventions and coordinated service delivery for persons experiencing severe distress as gay, lesbian, bisexual, transgender, transsexual, intersexed and two-spirited persons.

Goal 7: Increase crisis intervention and support.

Objectives:
1. Increase the number and training of programs and service providers for those affected by suicidal behaviour.
2. Enhance and increase crisis and support networks and certification standards appropriate to the needs of each community.
3. Establish a Canadian Certification Program for Crisis Intervention facilities.
4. Develop a national crisis line network to connect existing crisis lines and to provide service where none exists.
7.5 Connect all ‘accredited’ community-based Crisis Lines across Canada to one three-digit access system (N11). In this ‘Accredited Network’ callers are able to connect and receive emotional support, 24 hours a day, everyday from highly trained volunteers, supported by professional Crisis Intervention staff.

7.6 Develop a national crisis resource data base accessible to all crisis lines and crisis intervention facilities.

7.7 Develop and implement support structures for families living with suicidal people. Acknowledge their roles both as caregivers and as contributing members of the care team.

Goal 8: Increase services and support to those bereaved by suicide.

Objectives:

8.1 Increase the number of support services, both immediate and longer-term, to those impacted by a suicide.

8.2 Develop standards of competency and care for those who work with people bereaved by suicide.

8.3 Develop education modules for first responders regarding death notifications, funeral arrangements, community systems of support, and aftercare.

8.4 Develop guidelines and information packages for funeral directors, churches, schools and other community resources to improve services, education and support to those bereaved by suicide.

Goal 9: Increase the number of primary prevention activities.

Objectives:

9.1 Increase the number and training and service providers of programs that promote resiliency and protective factors.

9.2 Increase connections and networking and improve cooperation and communication between suicide prevention and intervention programs, and services and associations to those programs that promote community wellness, public health and injury prevention.

Knowledge Development and Transfer

Goal 1: Improve and expand surveillance systems.

Objectives:

1.1 Develop consistent standards and protocols for collecting information on suicide deaths, non-fatal attempts and ideation.

1.2 Develop standards for coroners to assist in accurately determining and reporting cause of death.

Goal 2: Promote & support the development of effective evaluation tools.

Objectives:

2.1 Increase the development and use of standardized assessment protocols for program evaluation.

2.2 Develop and enhance links and communication between survivors, community resources and researchers to facilitate knowledge transfer and knowledge uptake.

Goal 3: Promote and develop suicide-related research

Objectives:

3.1 Increase the study and reporting of risk factors, warning signs and protective factors for individuals, families, communities and society.

3.2 Adopt the recommendation from the Canadian Institutes of Health Research (February, 2003) on the national suicide research agenda, identifying six broad themes for ongoing investigation.
Goal 4: Increase opportunities for reporting.

Objectives:
4.1 Increase opportunities including scientific journals, conferences, workshops and training for dissemination of data and knowledge from surveillance, evaluation and research activities.
4.2 Develop a national suicide research database.

Goal 2: Ensure access to appropriate and adequate health, wellness and recovery services for all Canadians in keeping with the Canada Health Act.

Funding and Support

Goal 1: Increase funding and support for all activities connected with the CASP Blueprint for a Canadian National Suicide Prevention Strategy.

Objectives:
1.1 Provision of appropriate and adequate financial resources by the public and private sectors, including all levels of government, organizations, institutions and enterprises, to fund the attainment of these goals and objectives in the CASP Blueprint for a Canadian National Suicide Prevention Strategy within three years.
1.2 Support advocacy at all levels to achieve all the above goals and objectives.
1.3 Develop a working agenda, timeline and target dates for implementation of these objectives by the public and private sector, including all levels of government, organizations, institutions and enterprises.
1.4 Give priority to initiatives and strategies that most closely follow the Guidelines, Goals and Objectives in this CASP Blueprint.