



Living Hope – A Community Plan to Prevent Suicide Year 2 Evaluation Summary Report

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EXECUTIVE SUMMARY

Living Hope: A Community Plan to Prevent Suicide in Edmonton (Living Hope) is in its second year of implementation and evaluation. A key challenge impacting Living Hope this year was onset of COVID-19 and associated emergency public health orders. This public health crisis adversely impacted Living Hope in myriad ways. To mitigate these impacts, the Living Hope Leadership Team and associated committees elected to meet virtually and to pivot activities in order to continue moving forward at a time when there is even greater need for this work.

There has been relatively consistent representation and participation of organizations across the Living Hope implementation committees. Identified strengths of Living Hope included: collaboration, stakeholder expertise, its broad scope, its structure/flexibility and coordinated engagement. Identified ongoing challenges included: the perceived lack of Indigenous community engagement, insufficient dissemination of training opportunities, insufficient intra-committee communication and committee member turnover.

Living Hope's public awareness campaign has been extended over the first two years of implementation. Administrative data indicates that the website (11ofUs.ca) and the Distress Line are being accessed as intended, while public awareness survey data indicate increased awareness of suicide in Edmonton. Public awareness survey data also indicate a general belief that Edmontonians are experiencing increased stress as a result of COVID-19, resulting in a perceived increase in the number of Edmontonians thinking about suicide.

Stakeholders agreed that Living Hope is sufficiently expanding opportunities to train gatekeepers in suicide prevention; this is corroborated by service provider survey findings that indicate an overall increase in service providers' ability to identify, screen, assess and support those at risk of suicide. Living Hope is working with Employee and Family Assistance Program providers to ensure that these benefits providers have adequate suicide prevention training and supports. There remains, however, an identified need for increased psychological health and safety protocols within workplaces. Means safety is also being addressed, primarily through work with Edmonton's pharmacists and exploratory meetings with Light Rail Transit staff.

Environmental scans indicated there is currently only one appropriate respite centre in Edmonton for, and few bereavement services specifically targeting, those grieving a death by suicide. Living Hope plans to mitigate these gaps through the establishment of a Lived Experience peer support network, as well as by conducting a needs assessment of those grieving a death by suicide. Living Hope continues to work towards engaging those serving high-risk populations in collaborative and coordinated practices through activities such as co-hosting the 2019 Canadian Association for Suicide Prevention annual conference, collaborating on joint community initiatives and circulating a newsletter that focuses on sharing information, best practices, upcoming events, training opportunities and suicide prevention activities of various community partners.

In order to effectively target at-risk populations, sub-committees targeting men, 2SLGBTQ+ communities, first responders, Indigenous communities and individuals with lived experience have been formed. Each sub-committee is developing activities or services targeting the specific needs of their community. Stakeholder agreed that Living Hope is 'on the right track' in terms of supporting and improving suicide data sharing across organizations; however, the majority of stakeholders



acknowledged that developing effective data sharing protocols amongst service providers and community organizations is a large, complex and time consuming endeavor. Current research and surveillance activities include the development of a suicide data report that will collect and disseminate relevant suicide data as well as ongoing participation in the national Roots of Hope project.

Overall, Living Hope implementation is ongoing as intended, with many activities planned, underway or completed. Challenges, including the ongoing COVID-19 pandemic, continue to be addressed, with mitigating strategies considered and actioned as appropriate.



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1. INTRODUCTION

1.1 Background

Living Hope: A Community Plan to Prevent Suicide in Edmonton (Living Hope) is the implementation plan that outlines what is needed to make the Edmonton Suicide Prevention Strategy successful. Approved in 2018, Living Hope is premised on the belief that “effective suicide prevention has to be a multifaceted public health approach”. It has thus been designed to ‘move the needle’ on suicide prevention via three key areas of activity: 1) awareness and education 2) accessibility to the full continuum of services and 3) addressing the needs of higher risk populations.

1.2 Evaluation Goals and Scope

The Living Hope evaluation plan was designed to align directly with the goals and outcomes of the Living Hope implementation plan. The goals of the evaluation are thus to:

1. Determine and share findings that demonstrate to the public, key stakeholders and City Council the impact of the plan.
2. Support the continuation of activities that are demonstrating success in meeting the goals and objectives of Living Hope and to make mid-way adjustments to activities that are not producing positive results.

This evaluation has been designed to be conducted in tandem with the Living Hope implementation plan and will thus include three and a half years of evaluation data collection, analysis and reporting (2018-2022). This evaluation will triangulate data obtained from document and administrative sources, surveys with Edmonton’s general population, surveys with Edmonton practitioners, interviews with key stakeholders and interviews with Edmontonians who have been directly impacted by suicide.

2. METHODOLOGY

This section presents the methodology underpinning the collection and analysis of data obtained as part of the Year 2 evaluation.

2.1 Data Collection

- Administrative Data Review: relating to implementation activities (i.e. public awareness campaign metrics, training uptake).
- Document Review: review informed formative evaluation questions.
- Public Awareness Survey (Post-Campaign 1): utilized a ‘pre/post’ methodology to measure changes in awareness of Edmontonians with regards to the prevalence of suicide and associated



warning signs, as well as the overall impact of the '11 of Us' public awareness campaign. To date, over 400 responses have been collected per year.

- Service Provider Survey (Baseline): measured awareness of, access to, and uptake of, services and training aimed at supporting those who are at risk of, or who have been impacted by, suicide (i.e. service providers). Out of a sample of 732 potential service provider respondents, the survey was completed by 108 respondents.
- Stakeholder Interviews: completed to gain insight into how implementation of the Living Hope plan is proceeding, to highlight specific programs or areas of interest, to discuss areas experiencing challenges and/or successes and to identify key issues that may prevent Living Hope from achieving its aims. A total of 28 interviews were completed.

2.2 Data Analysis

Quantitative Data

The cleaned survey data was first inspected using descriptive statistics, including frequencies for categorical variables. Cross-tabulations were employed to identify differences in attitudes and activities, both within and between respondent groups (sub-segment analysis). Where appropriate, tests of significance, including Chi-squared and column proportions tests for crosstabs were conducted. Differences between Year 1 and Year 2 results, overall and by respondent sub-segments, are presented throughout; statistical significance is reported where appropriate (p-value = 0.05). Throughout this report, the term 'significant' has only been used when referring to statistically significant findings; the term 'notable' has been used to indicate important, though not statistically significant, results.

Qualitative Data

The stakeholder interviews were analyzed using content analysis. Following completion of each stakeholder interview, notes were reviewed against the interview's audio file to ensure accuracy. Interview data were reviewed to identify common and unique themes, which were then coded. This approach uses inductive reasoning, whereby themes and categories emerged directly from the participants' responses through rigorous examination and comparison; this method ensures that the findings are not unduly skewed to fit a pre-formed framework based on expectation of what the research will find, while also developing enough structure to allow for the clear reporting of results by major theme.

2.3 Rationale of Formative Evaluation Components

The purpose of formative evaluation is to focus on process by informing on how implementation is going in 'real time', rather than in retrospect. Formative evaluation is critical to understanding what works in programs, and why. It contrasts the program as originally designed against the reality of implementation, allowing program funders to understand what program elements are critical to its success. These learnings can be applied to the existing program as it expands or evolves. Including formative evaluation questions as part of the Living Hope evaluation is particularly important given the inherent lags in suicide-related statistics, as well as to the challenges of collecting complex suicide prevention data, in the absence of real-time impact data.

2.4 COVID-19 Related Challenges and Mitigating Strategies

Within Year 2 of the Living Hope implementation plan evaluation, the most impactful challenge was the onset of the COVID-19 pandemic and ensuing public health orders.



Cancellation/Postponement of In-Person Training Sessions

One of the key challenges faced by the Living Hope implementation team was the postponement and/or cancellation of all in-person meetings and events. In line with provincial and municipal public health emergency guidelines, all in-person events, training and group events from March 2020 onwards were either postponed or cancelled.

As a result, some Living Hope activities, as well as the associated evaluation data collection activities, were postponed or cancelled. As possible, training sessions, group sessions and committee meetings were moved online, with larger in-person events postponed indefinitely.

The Leadership Team supported continuing the work of Living Hope through virtual means and committed to continue meeting in this manner. The Project Team created a virtual update format to maintain connection and feedback from the Steering Committee.

Overwhelmed Service Providers

Another challenge faced by Living Hope as a result of the COVID-19 pandemic was that service providers, including health care providers, were required to significantly amend their practice; in particular, they needed to move their services online to be able to provide virtual support. COVID-19 further impacted service and health care providers due to increased work loads or being re-deployed. Thus, many Living Hope stakeholders (for example, those participating in committees) were required to reduce their involvement in Living Hope to some degree, at least temporarily.

Ongoing Timeline Delays

All planned in person events were suspended (e.g. Men's Forum, Mindset Media event, Headstrong Summit, Families Supporting Adults with Mental Illness Alberta Conference, and an Indigenous 'Cultural Continuity' event).

Given these extensive postponements and cancellations, Living Hope timelines have been commensurately delayed. As a result of the various challenges described above, implementation of the Living Hope plan and associated priority actions have been adversely impacted.

3. FINDINGS TO DATE

This section presents the findings from Year 2 (October 2019 to October 2020) of the Living Hope Implementation Plan evaluation as well as key considerations that have bearing on the activities.

3.1 Implementation to Date

Priority Action(s)

Provide the community-based implementation team (CBIT) with adequate resources and leadership to carry out the implementation plan.

Evaluation Question(s)

To what extent was Living Hope implemented as intended?

What were the limitations and/or changes of circumstances that affected implementation of Living Hope?



Key Findings and Considerations

- Stakeholders believed that the implementation plan was strategically well-designed and they agreed with how Living Hope prioritised activities for implementation.
- Stakeholders agreed that awareness was an important first step in implementation and thus agreed with Living Hope's early prioritisation of suicide awareness.
- Stakeholders identified that the plan provided a detailed understanding of how all of the different elements fit together to address its broader goals and that the plan's identified priorities aligned with its objectives.
- Most stakeholders agreed that the plan was being implemented as intended within the restrictions imposed by the COVID-19 pandemic.
- Almost all stakeholders stated that Living Hope had used a collaborative approach in implementation.
- Key strengths of the Living Hope's implementation were identified as: collaboration, stakeholder expertise, its broad scope, its structure/flexibility and that there was a lead facilitator coordinating engagement.
- Other identified strengths of Living Hope's collaborative approach included that it contributed to alignment with other strategies within the City, increased inter-agency dialogue and networking and supported outcomes.
- The most common strengths of Living Hope's collaborative approach were that it was proactive and wide-reaching, and that it fostered a greater breadth of stakeholder involvement, which in turn meant that the background, experience and expert knowledge informing the plan was constantly expanding.
- Key challenges of implementation included: the lack of Indigenous stakeholder engagement; dissemination of training opportunities was not as widespread as it might be; intra-committee information-sharing was lacking; and ongoing committee membership turnover.
- Although interview participants described COVID-19 as unpredictable, unprecedented and thoroughly disruptive, they also stated that the implementation team had worked to navigate associated challenges as best they could while continuing to implement Living Hope as closely to the original intention. All five of Living Hope's committees have continued to meet monthly, with meetings switching to online (virtual conference facilities) in response to the COVID-19 pandemic.
- There has been relatively consistent representation and participation of organizations across the Living Hope implementation committees between Years 1 and 2. Among the 44 agencies represented in one or more of the five CBIT committees, 33 organizations provided representation from one department, while 11 organizations provided representation from multiple departments. A total of 79 individuals participate in one or more committees.

"What it comes down to is stakeholder engagement. This is what is allowing implementation to move forward according to plan. There is a lot of opportunity for dialogue and buy in. Committees have opportunities to adjust the actions as appropriate."

"That piece around awareness, education and understanding. If we don't have that first and foremost, then we don't have a starting point, a clear baseline to work from. That was a critical piece."



3.2 Objective 1: Increase Edmontonians' Awareness of Mental Health and Suicide Prevention

Priority Action(s)

- 1.1 Public awareness campaign that promotes a public conversation about mental health and its connection to suicide, reduces stigma, encourages help-seeking behaviours and educates the public on how to help someone considering suicide.*
- 1.2 Work with interested media to update guidelines around suicide and respectful terminology to consider when discussing at-risk populations*

Evaluation Question(s)

To what extent did Living Hope contribute to Edmontonians' increased knowledge of mental health and suicide?

Key Findings and Considerations

- The Living Hope maintained and extended the public awareness campaign which consisted of a combination of paid and earned media, a website (www.11ofUs.ca); billboards, transit advertising (interior and bus shelters), public restroom posters, videos airing on television and in cinemas, and a digital media strategy focusing on social media.
- A between-year analysis of Distress Line call volumes indicates a relatively consistent overall call volume between Year 1 (Oct 9, 2018 – Oct 8, 2019) and Year 2 (Oct 9, 2019 – Oct 8, 2020) (13,861 and 15,568, respectively) as well as a relatively consistent number of calls about suicide specifically (3,538 and 3,546 respectively); although the between-year analysis indicates a 12% decrease in the number of first person suicide calls (i.e. person calling about themselves), there was 16% increase in the number of third person suicide calls (i.e. person calling about someone else).
- Website analytics indicate that the website is being used as intended. Since its launch on September 10, 2019, there have been 55,727 visits to the site by 42,854 unique visitors. Visitors' navigation through the site took an average of 2min 24 secs. The 11 signs were clicked 5,693 times, with 2,258 clicks on the 'Get Help Now' button and 1,094 PDF downloads.
- There was a significant increase between Year 1 and Year 2 in the proportion of respondents who had seen, heard, or read any media or advertising messages about suicide in Edmonton.
- Year 1 survey respondents who were able to recall the messages were most likely to identify general information or news reporting about suicide, while Year 2 respondents were most likely to identify the '11 of Us' messaging.
- The City of Edmonton was most commonly identified as the source of '11 of Us' and 'Suicide is preventable', as well as messaging that some people are at higher risk than others (unaided recall).
- There was a significant between-year increase in the number of public awareness survey respondents who stated that they did not know the source of the suicide prevention messaging.
- Roughly the same proportion of Year 1 and Year 2 public awareness survey respondents stated that they believed mental health is an issue in Edmonton.
- There were significant between-year increases in the number of respondents who estimated either that 201 or more Edmontonians attempted suicide in the last year, or that 300 or more Edmontonians died by suicide in the last year.
- Almost all public awareness survey respondents believed that Edmontonians are feeling increased stress as a result of changed circumstances due to the COVID-19 pandemic.
- The top two most commonly-identified reasons that someone who is thinking about suicide would not access help or support was stigma/embarrassment and not knowing how/where to get help.



- Across both years of the public awareness survey, hopelessness/despair was the most frequently-identified reason that respondents believed people die by suicide.
- The majority of service provider survey respondents reported both familiarity with the warning signs of suicide and confidence that they could recognize someone at risk of suicide.
- Public awareness survey respondents across both survey years identified increased knowledge as a key factor in increasing their comfort level in asking someone if they are thinking about taking their life by suicide.
- There was a significant between-year increase in the number of public awareness survey respondents who stated that they would use a help line or the internet to access appropriate professional supports, either for themselves or for someone else.
- The majority of service provider respondents agreed or strongly agreed that they knew how to help someone who is considering suicide and/or that they understood how to support someone at risk of suicide, with over one quarter of respondents strongly agreeing.
- Almost all public awareness survey respondents believed that Edmontonians are feeling increased stress as a result of changed circumstances due to the COVID-19 pandemic and that it has resulted in a rise in the number of Edmontonians thinking about taking their own life by suicide.
- Based on the public awareness survey findings, public perception was that there are not enough supports currently available to meet increased demand that has resulted from COVID-19.
- Over half of service provider survey respondents did not believe that the media report cases of suicide respectfully.
- The provision of Media Mindset training has been further delayed, and is currently pending, due to the onset of the COVID-19 pandemic and associated public health emergency orders. Feedback from the service provider baseline survey suggests that there is ongoing need for this training as more than half the respondents did not believe that the media report cases of suicide respectfully.
- Living Hope released a resource page on World Suicide Prevention Day that featured events, resources and learning opportunities that support suicide prevention and encouraged visitors to discover how you can take action and play a role in preventing suicide in Edmonton.

3.3 Objective 2: Train More Community ‘Gatekeepers’ So They Are Able to Effectively Support Individuals at Risk of Suicide

Priority Action(s)

- 2.1 Expand suicide prevention training opportunities for staff of organizations who work with higher risk populations and those vulnerable during transition times, to identify risk, provide assessment and facilitate referral.*
- 2.2 Promote training for health professionals, in particular family physicians and health care practitioners, so that they are better able to screen, assess and appropriately respond to patients experiencing suicidal ideation.*

Evaluation Question(s)

To what extent has training contributed to service providers feeling better-equipped to support at-risk populations?

In what ways has Living Hope supported accessibility to a continuum of services for those directly impacted by suicide?

In what ways has Living Hope supported service providers' ability to provide a continuum of services for those directly impacted by suicide?



Key Findings and Considerations

- The populations identified as being most at-risk of suicide by service provider baseline survey respondents (service providers), including youth/students, males, Indigenous people, members of LGBTQ2S+ communities and people with mental health issues, align with the populations being targeted or supported by Living Hope.
- Despite all in-person training being postponed or cancelled between March 16 and August 20, there was an increase in attendance at QPR, TIC and ASIST training between Years 1 and 2 of the Living Hope implementation.
- Service providers indicated an overall increase in awareness of suicide awareness and prevention training opportunities.
- Three quarters of service providers stated that, as a result of the training they had taken, they had developed the skills and training necessary to best-support people at risk for suicide.
- Service providers generally agreed that, as a result of the training they had accessed, they were now better-able to: identify suicide risk in individuals, as well as to screen, assess and support individuals at risk. These findings suggest that the suicide prevention training is equipping service providers appropriately to work with individuals at risk of suicide.
- Participant evaluations of ASIST and TIC training yielded highly favourable results. Participant evaluations for QPR training yielded moderate results, with the majority of participants showing a moderate to large level of improvement in each of the knowledge areas.
- Almost all stakeholder interviewees reported that Living Hope had sufficiently expanded opportunities to train gatekeepers in suicide prevention, although there continued to be a gap in awareness of opportunities.
- Key strengths of the Living Hope training framework, as identified by stakeholders, included: increased access and uptake of training within organizations; facilitated access to training for multiple populations (e.g. professionals, students, general public); and reduction/elimination of cost as a barrier to accessing training.
- Key gaps in the Living Hope training framework included: a gap in awareness of training opportunities; a lack of training that incorporates an Indigenous lens; and a gap in health care professional engagement.
- As a result of ongoing challenges to engage practicing doctors and nurses in suicide awareness and prevention training, stakeholders described how the Training and Awareness Committee pivoted to focus on providing training to nursing and medical students as a way of accessing these health care professionals.
- All stakeholders reported that Living Hope was sufficiently expanding opportunities to train gatekeepers in suicide prevention. Unfortunately, as a direct result of the COVID-19 pandemic, all in-person training was suspended

"I learned a lot these two days and came out well prepared and confident to talk about suicide with family, friends, colleagues and anyone who might be needing this intervention. It is a great learning experience and handy tools to have." – ASIST training participant

"I've never taken such a short and condensed course with such impactful, insightful, inspiring, empowering material. This training not only connects you with your best self, it helps you see and draw out the same in others." – TIC training participant



3.4 Objective 3: Increase Accessibility of Preventative Services that Advance Positive Mental Health and Safety in Schools

Priority Action(s)

- 3.1 Collaborate with local school boards as they create caring, respectful and safe learning environments that support mental health, foster a sense of belonging and prevent bullying.
- 3.2 Promote programs that address workplace psychological health and safety.
- 3.3 Explore ways of reducing access to lethal means in the physical environment.

Evaluation Question(s)

To what extent has Living Hope collaborated with school boards and workplaces to provide safe spaces?

Key Findings and Considerations

- Priority Action 3.1 was considered complete in Year 1; however, this action will be revisited due to the Q4 2020 dissolution of the Regional Collaborative Service Delivery (RCSD) Committee.
- In Year 2, the Continuum of Services Committee elected to focus on Priority Actions 3.2 and 3.3.
- There is identified need for increased psychological health and safety within workplaces.
- Only about half of service providers believed their employers create safe spaces in their workplace or support employees at risk of suicide, with far fewer stating that their workplace is able to identify employees at risk of suicide.
- The *Tough Enough to Talk About It* training course is currently not running due to internal program review; it is therefore not available for promotion by Living Hope.
- Counselling Against Lethal Means (CALM) training was included in Living Hope's sponsored training and education framework in Year 1 of Living Hope implementation.
- Advocacy work towards the inclusion of suicide prevention training for staff via EAP/EFA programs is underway.
- Work with Edmonton's pharmacy community, to reduce access to lethal means in the physical environment, has begun and includes: positive messaging wallet cards (for the public); pharmacy shelf front messaging for drugs such as acetaminophen (for the public); and behind the counter step-by-step reference guides (for pharmacy staff and pharmacists) being produced by CSP.
- The Continuum of Services Committee is currently sourcing background information and data collection from other jurisdictions around the efficacy of products that contribute to reducing access to lethal means in the physical environment.
- The online CALM training, designed to target services providers, was included in Living Hope's training framework in Year 1 of Living Hope implementation.
- Work is currently underway to provide Light Rail Transit staff with suicide prevention training and to explore additional suicide prevention strategies.

"If you're not working in the mental health world or don't have personal experience in it, you don't know what you don't know. So not even specific to suicide awareness and workplaces: just positive mental health and what that looks like, I think, could be a really powerful way to promote wellness at workplaces. Having training and learning opportunities in workplaces around mental health. I think that could help with stigma as well."



3.5 Objective 4: Increase Accessibility of Mental Health Interventions and Postvention Services

Priority Action(s)

- 4.1 *Build on existing best practices for those with mental illness and addictions to reduce their risk of suicide.*
- 4.2 *Increase awareness of postvention options that are available for those who have attempted suicide, and for the families and loved ones of those who have died by suicide.*

Evaluation Question(s)

*Have suicide prevention and positive mental health promotion been incorporated into new and existing addiction and mental health initiatives in collaboration with Living Hope?
To what extent has Living Hope identified best practices aimed at reducing the risk of suicide?
Are follow-up services sufficiently comprehensive?*

Key Findings and Considerations

- Living Hope included information for AHS' Access 24/7 helpline on its 11ofUs.ca website and promotional materials, including a link to Access 24/7's adult intake service.
- An environmental scan and review of best practices indicated that there are few bereavement services specifically targeting those grieving a death by suicide.
- A jurisdictional scan of services supporting those with recurrent suicidality indicated that there are no respite centres in Edmonton.
- The Continuum of Services Committee is in the process of establishing a Lived Experience Network which will work to guide new local initiatives involving peer support for people who share their lived experience with suicide in community and professional settings.
- This committee also exploring means to conduct a needs assessment aimed at determining what additional follow-up those grieving a death by suicide require.
- Stakeholder interview participants generally believed that Living Hope had done well to built on best practices for those with mental illness or addiction to reduce their risk of suicide, but that there was still more to do.

3.6 Objective 5: Engage Those Serving High-Risk Populations in Collaborative and Coordinated Practices

Priority Action(s)

- 5.1 *Incorporate suicide prevention and positive mental health promotion into new and existing addiction and mental health initiatives.*
- 5.2 *Advocate for coordinated discharge and transition planning in hospital emergency departments, mental health service delivery systems and custodial settings to ensure relevant health, community, cultural and social supports are leveraged for a comprehensive discharge plan.*
- 5.3 *Contribute to the development of comprehensive referral and bridging protocols for people at risk of suicide that ensure a supportive transition between care providers, where relationships of support are maintained.*
- 5.4 *Encourage professionals to share best practices and emerging research in the area of suicide prevention.*

Evaluation Question(s)

To what extent have best practices and emerging research in the area of suicide prevention been shared amongst professionals?



Key Findings and Considerations

- Edmonton hosted the 2019 Canadian Association for Suicide Prevention annual conference.
- Collaborative and/or cross-committee representation between Living Hope project team members and other organizations (including CMHAP, AHS) is ongoing.
- Participation in the Alberta Suicide Prevention Community of Practice, convened by AHS, to include community organizations who serve high risk populations.
- Regarding Priority Actions 5.2 and 5.3, the Edmonton Zone Quality Council of Alberta Health Services is now providing advocacy in this area and further efforts are still required to determine if these processes will result in needed changes.
- Three quarterly Living Hope newsletters have been released with articles focusing on sharing information, best practices, suicide prevention activities of various community partners, upcoming events promotion of suicide prevention training. There are currently 1,374 individuals on the distribution list, including a broad range of service providers.

3.7 Objective 6: Build on Preventative Best Practices for Populations Experiencing High Rates of Suicide

Priority Action(s)

- 6.1 Build on existing best practices for men that foster the creation of meaningful social connections which are protective against suicide.*
- 6.2 Build on existing best practices in LGBTQ2S communities that are protective against suicide.*
- 6.3 Build on existing best practices for first responders that are protective against suicide.*
- 6.4 Build on existing and promising practices from Indigenous communities that create capacity for self-efficacy and that are protective against suicide.*

Evaluation Question(s)

To what extent has Living Hope shared existing best practices, aimed at reducing the risk of suicide, been built upon for: people with mental health and addictions issues; men; LGBTQ2S communities; first responders; and Indigenous communities?

Key Findings and Considerations

- Sub-committees targeting men, LGBTQ2S + communities, first responders, Indigenous communities and individuals with lived experience were formed.
- The Men's Forum was initially postponed to ensure alignment with Councillor Scott McKeen's Men's Forum, and then subsequently postponed due to the COVID-19 pandemic.
- Through Living Hope sponsorship, the Men's Shed initiative obtained not-for-profit status.
- As a result of the COVID-19 pandemic, various men's supports have moved to online (virtual) engagement, including Men's Sheds and Momentum's Anchor support groups.
- Living Hope has fostered collaboration between Edmonton and other jurisdictions working towards best practices targeting men, including Grande Prairie and Newfoundland.
- The need for a dedicated 2SLGBTQ+ 211 crisis support line was identified via a collaboration between the Institute for Sexual Minority Studies and Services (iSMSS), Edmonton's Pride Centre and CMHA-ER, as well as cross-collaboration with the Youth Suicide Prevention Strategy.
- Development of the dedicated 2SLGBTQ+ 211 crisis support line is underway, with its soft launch planned for Q4 of Year 2 or Q1 of Year 3.
- Several Edmonton first responder organizations reported already having multiple protective best practices in place within their organization; they were therefore able to leverage their existing expertise to provide guidance and support to other Living Hope partners.



- In Year 2, the Emergency Services sub-committee pivoted towards a focus on the identified need for pre-retirement planning amongst first responder organizations.
- The Emergency Services sub-committee is working in collaboration with Edmonton Police Services, Edmonton Fire Rescue and Emergency Medical Services to explore the implementation of a mobile app designed to support first responders in Edmonton.
- The Higher Risk Populations Committee has connected with the Edmonton Indigenous Urban COVID-19 group.
- Efforts to sustain a 'Cultural Continuity' discussion group are ongoing.
- The Indigenous Communities sub-committee is exploring virtual (online) ceremony opportunities.
- Operational challenges, such as capacity issues, were identified as significant barriers to Indigenous community participation and engagement.
- Stakeholders believed that any Indigenous-targeted work undertaken must be underpinned by an understanding of historical trauma.
- A Lived Experience working group has been formed and is currently focusing on: developing a Lived Experience Peer Support Network and developing a needs assessment for those grieving the loss of a loved one through suicide.
- Overall, stakeholders believed that the Higher Risk Populations Committee comprised a great breadth of stakeholder representation, including those with expert knowledge in the populations. One challenge to this was representation and engagement of Indigenous populations.

"There isn't really another place where you'd find a table at which there is a cop, a firefighter, an EMT, an Indigenous person and a gay person sitting around the table talking about what is working and what isn't."

"What it's done is it has brought together the people who have expertise more broadly in suicide prevention and the people who have expertise more broadly in those populations, to try to come up with 'how do we leverage what we both know to better serve our communities?' I would say, as it relates to that specific line [the dedicated LGBTQ2S+ crisis support line], that's exactly what we're doing. [... Living Hope] helped to facilitate those connections."

3.8 Objective 7: Ensure Initiatives and Policies are Driven by the Most Current Research and Surveillance Data

Priority Action(s)

7.1 Enhance data collection to ensure effective surveillance, monitoring and evaluation.

Evaluation Question(s)

To what extent have surveillance, monitoring and evaluation been enhanced?

Has appropriate/relevant/requested information been collected for Roots of Hope?

Key Findings and Considerations

- The Research and Surveillance Committee is currently developing a suicide data template that would collect and disseminate relevant suicide data to different organizations across Edmonton.
- The proposed data template is currently in its second draft form.
- Stakeholder interviewees believed that Living Hope is 'on the right track' in terms of supporting and improving suicide data sharing across organizations; however, the majority of stakeholders acknowledged that developing effective data sharing protocols amongst service providers and community organizations is a large, complex and time consuming endeavor.



- Living Hope has ensured ongoing alignment with the Roots of Hope project, including: ongoing data sharing, participation in the research Community of Practice and in monthly implementation team update meetings.
- All Roots of Hope contributing communities have experienced considerable delays as a result of the COVID-19 pandemic; as a result, the Roots of Hope project is commensurately delayed resulting in a decision to extend this national project by one year (into 2022).

4. CONCLUSION

Findings from the Year 2 evaluation indicate that Living Hope implementation is proceeding as intended. All five Living Hope committees have continued to meet monthly, moving online (virtual) in response to the COVID-19 pandemic. Overall, the seven Living Hope objectives are being actioned as intended, with many activities planned, ongoing or completed. Committees are grounding their work in the Living Hope plan by referring back to it regularly to ensure fidelity, while also having the freedom to adapt and change their focus as required. Challenges, including the ongoing COVID-19 pandemic, continue to be addressed, with mitigating strategies considered and implemented as appropriate.