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CANADIAN DISTRESS LINE NETWORK - CDLN

Connecting Canada: supporting emotional and mental health and preventing suicides

Elizabeth Fisk	Executive Director, Distress Centres Ontario; Executive Team Member, Canadian Distress Line Network
Karen Letofsky	Executive Director, Distress Centres Toronto
Janet Smith	Program Manager, Manitoba Farm and Rural Support Services; Manitoba Suicide Line (Klinic)
Megan Schellenberg	Knowledge Broker, Knowledge Exchange Centre, MHCC

September 10, 2014 – 2:00 – 3:15 p.m. ET

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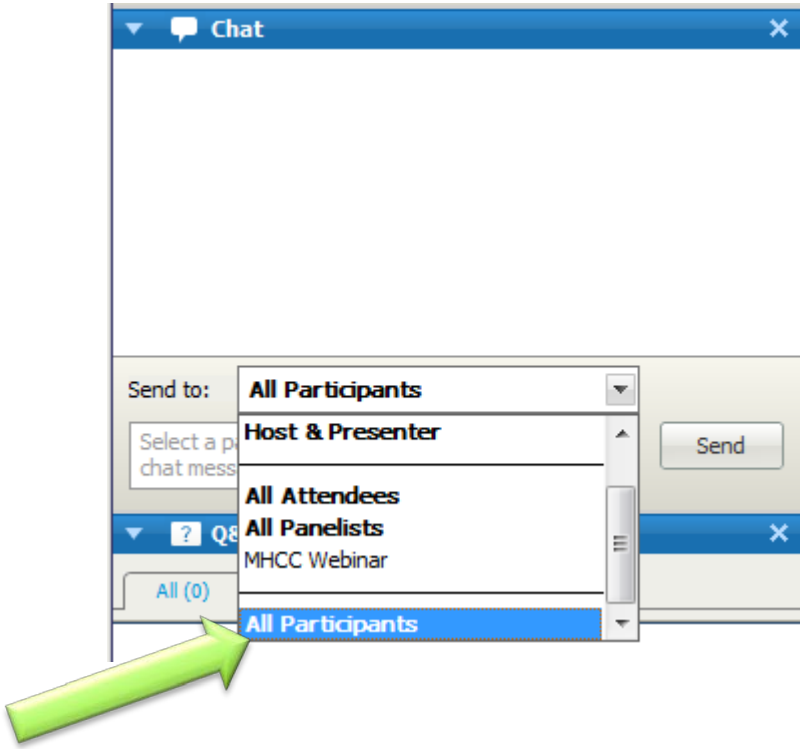
Important! Send questions/comments to: **'All Participants'**



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MHCC Mandate (2007-2017)

"The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.

Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes."

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Program areas and priorities (2013-2015)

- Workplace
- Anti-Stigma
- Housing and Homelessness
- Mental Health First Aid
- Suicide Prevention

Mental Health Strategy of Canada

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Suicide Prevention Webinar Series

Purpose

- Focus on suicide prevention, postvention and intervention across the lifespan;
- Share knowledge, resources and lessons learned with Canadians; and
- Showcase promising practices from across Canada and abroad.

Learning Objectives

- Create and exchange knowledge about the topic;
- Understand link between suicide and mental illness;
- Increase levels of comfort and confidence in addressing and discussing suicide;
- Increase awareness of resources and how to access them.

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World Suicide Prevention Day – Sept 10

"Connecting Canada"

…connection with oneself, with others, and a community is critical to an individual's sense of hopefulness and wellbeing.

Community event listings here:
http://www.mentalhealthcommission.ca/English/issues/suicide-prevention/wspd-community-events

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Virtual Suicide Prevention Conference

"Connecting Canada: Conversations about Communities, Collaboration & Hope"

November 19-21, 2014

NEW, EASY and **EXCITING** way to attend a national conference on suicide prevention, postvention & intervention!

Register here: www.caspconference.ca

Email: suicideprevention@mentalhealthcommission.ca

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Agenda

- Introductions
- Connections – why they help
- Canadian Distress Line Network, a little history and a look at the present
- Community Development Model
- Strengths and gaps in Distress and Crisis lines/services
- Distress Centres Toronto – an urban case study
- Manitoba Farm and Rural Support Services – a rural case study
- What the future holds?
- Q & A

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Presenters

Elizabeth Fisk – Executive Director, Distress Centres Ontario; Executive Team Member, Canadian Distress Line Network

Karen Letofsky – Executive Director, Distress Centres Toronto

Janet Smith – Program Manager, Manitoba Farm and Rural Support Services; Manitoba Suicide Line (Klinic)

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Connections Help – some background info

- 10% of Canadians reported symptoms consistent with mental health or substance abuse in the previous 12 months (Canadian Community Health Survey on MH 2012)
- Each day 11 people die by suicide in Canada and 210 people attempt (CASP)
- Psychological wellbeing concerns include experiencing mood disorders (50%); anxiety (25%); substance abuse (50%)
- Social Support = people to turn to when in need/crisis help to have a broader focus of life issues/enhanced quality of life/buffer against adverse life events (University of Minnesota)

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Connections Help – distress centres/lines

- 40+ years of psycho-social support
- Predominantly telephone based, expanding to include on-line
- Many started as grass-roots organizations using volunteers
- Services range from emotional support to crisis intervention to suicide prevention/intervention/postvention
- Ability to access these services varies across the country

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Canadian Distress Line Network

- Initiative started in 2002
- Engaging organizations focusing on distress and crisis centres services and suicide prevention
- Focus on building a national network with formal structure
- CDLN is a Work-in-progress
- Dedicated to enhancing personal resiliency for individuals who are emotionally vulnerable and/or in crisis

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Canadian Distress Line Network

Initiatives include :

- Knowledge transfer
- Pan-national best practices
- Establishment of a national suicide l-800 service accessible by all Canadians anywhere in the country

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Community-based = Community Development

- Links to local community agencies and existing services
- Works to strengthen and improve the immediate condition of vulnerable individuals
- Members of continuum of care in communities
- Hybrid service model – use staff and highly trained volunteers to offer services
- Trained in suicide intervention and risk assessment and prevention

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Service Strengths

- Highly trained call-responders who are *empathic and non-judgmental*
- Provide a wide range of interactions from emotional support to crisis de-escalation to interventions
- Referrals to community resources or services
- Experts in de-escalation
- Situations don't proceed to crisis situations
- Call-in and call-out services
- Telephone and chat-based (IM and texting) services

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Service Strengths (cont'd)

- Not a 'big box store' approach to service delivery
- Majority have 24/7 access in their regions
- Social support network (safety net) for vulnerable and at risk individuals
- Data collection on the psychosocial health of callers
- Well established training insures responders provide high quality
  de-escalation support
- Linked to local suicide prevention networks in their communities

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Service Gaps

- Services are primarily concentrated in and around urban centres
- Funding models not always consistent or sustainable
- Training and service delivery varies across Canada
- Still a heavy dependence on fundraising or grant applications
- Technology is not always linked or consistent
- Struggles with 24/7 coverage in many areas

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Suicide Prevention

An important service component.

- Call-takers have specialized training in suicide prevention techniques (including ASIST)
- Centres have established intervention protocols with EMS, 911 and local police services
- Support to at-risk individuals, suicide survivors, concerned third parties and service providers
- Offer follow-ups and call-outs to at-risk individuals (wrap-around service)
- One easy-to-remember pan-national # will help prevent suicides

1-800 national suicide prevention service
– a very important next step

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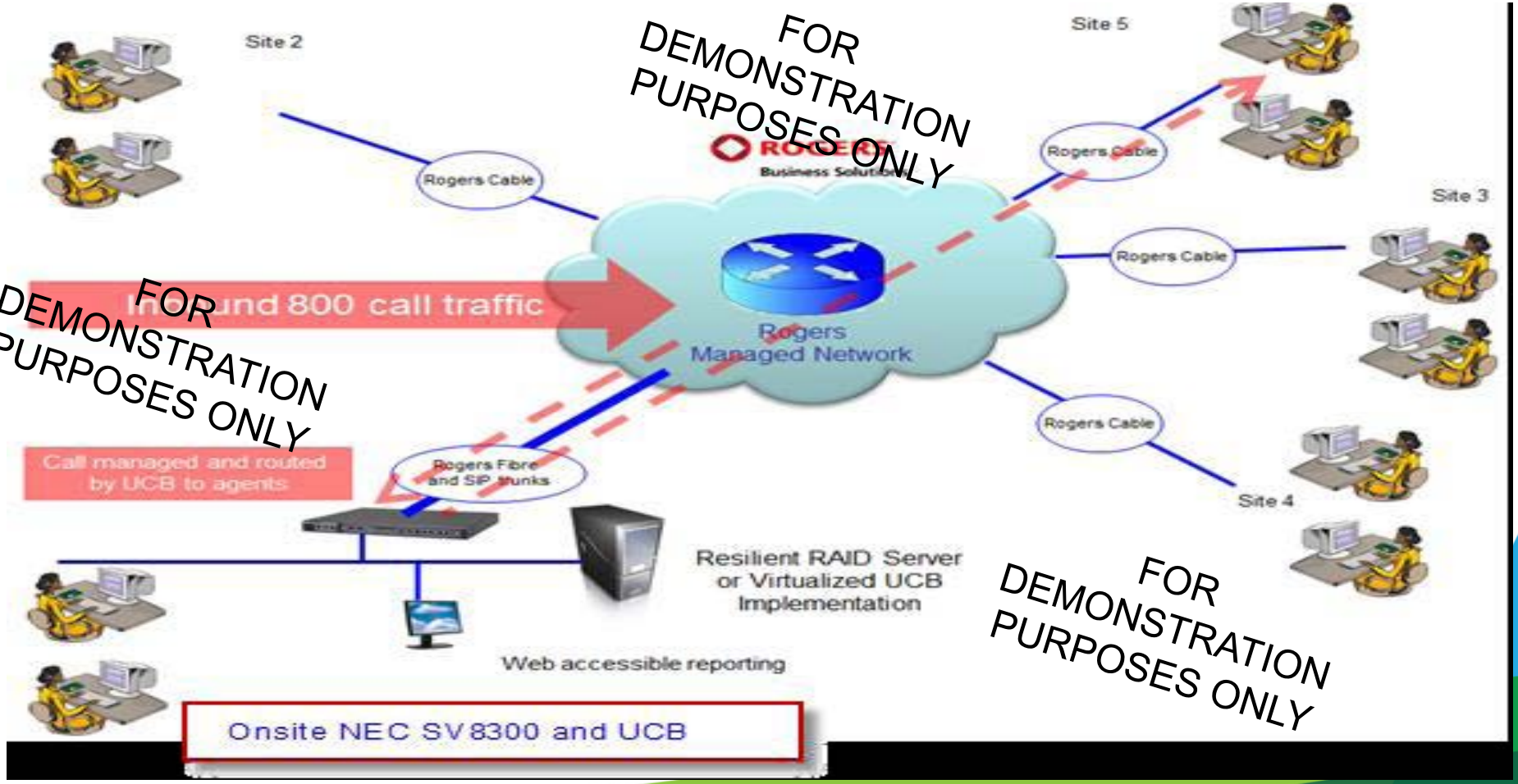
A National 1-800 service model – what it can look like



Case studies

What the system looks like now; an urban and a rural example

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Distress Centres Toronto – an urban case study

The Facts

- Oldest Crisis Helpline in Canada, November 1st, 1967
- City of 3+ million residents, one of the most linguistically diverse in the world
- Current agency is the result of the amalgamation of four independent helplines
- Offer multiple mental health and crisis response services through one central access number

Distress Centres

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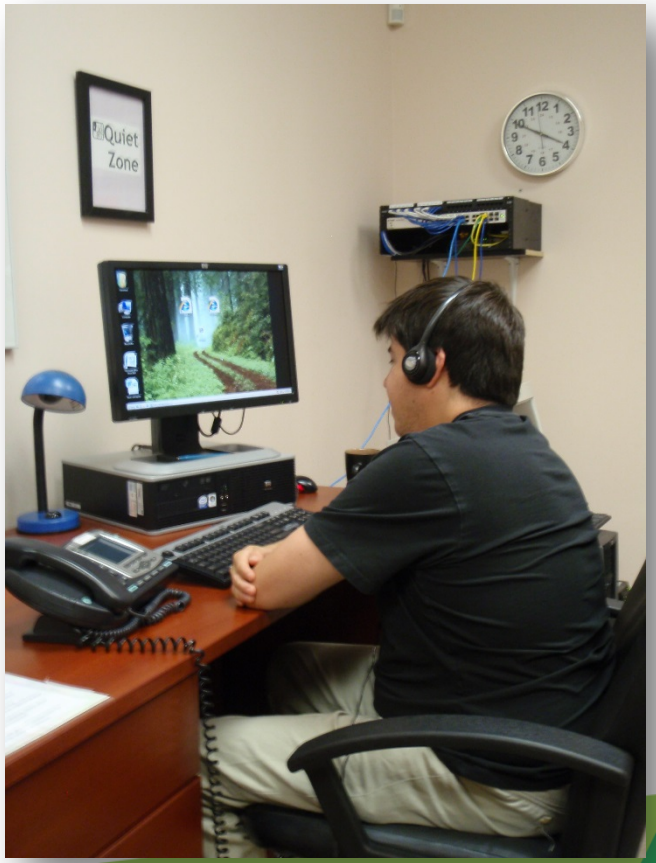
CANADIAN DISTRESS LINE NETWORK - CDLN

Distress Centres Toronto – an urban case study

The Facts

- Organizational model includes 3 networked locations and a call responder staff of 400 volunteers
- Annually receive more than 130,000 calls
- Annually respond to 78,000 calls
- 80% of calls answered within best practice guidelines of 15 minutes or less
- Average time to answer is 2:20 minutes



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Distress Centres Toronto – an urban case study

Good To Know

- 60% of our calls received after-hours when other services are shut down
- Identified as an after-hours resource by most agencies / professionals in the social services / mental health sectors
- Support provided across the continuum from the emotional engagement of socially isolated individuals to management support with situations of emotional distress to crisis response / intervention with vulnerable individuals at risk

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Distress Centres Toronto – an urban case study

Good To Know

- 68% of our callers have an identified mental health concern
- 13% of our callers talk about suicide in their contacts with us
- 58% of our callers are known repeat users of our service
- More than 7,800 volunteers have graduated from one of our intensive 50-hour training courses, many going on to careers in mental health service provision

AND

- Only 30% of our annual budget is funded by City of Toronto or United Way. We need to fundraise $700,000 annually

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Distress Centres Toronto – an urban case study

Our Services

- 24 / 7 Distress Line: (416) 408-HELP. TTY line, 173-language interpreter service
- Survivor Support Program: Face-to-face support in the aftermath of deaths by suicide and / or homicide
- Caller Reassurance Program for Seniors: Scheduled call-outs to rostered isolated elderly with mental health concerns
- Community Outreach and Education: Consultation and training
- Community-Based Suicide e-Resource Centre: On-line library

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Distress Centres Toronto – an urban case study

Our Partnership Programs

- EMS Warm Transfer Line: Dedicated support line for suicidal callers waiting for Emergency Medical Services to arrive on scene
- PARO Helpline: dedicated Ontario line for medical students and residents in crisis
- Crisis Link: In partnership with Toronto Transit Commission & Bell Canada, a suicide direct-dial hotline from every subway platform
- St. Elizabeth's: Overnight coverage of their crisis line

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Distress Centres Toronto – an urban case study

The Challenges

- Responding to surges in the aftermath of local, national, international events. e.g. post Robin Williams' suicide, a doubling of calls to the helpline and increased wait times, from new callers in crisis to the worried well
- Prioritizing crisis calls on a general helpline with heavy volume

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Distress Centres Toronto – an urban case study

The Challenges

- Building capacity to respond to increasing demand for service
- Commitment to volunteerism as a service model (evidence-based research) when the volunteer culture is changing
- Keeping up with technology and it impact on program delivery
- Lack of multi-year sustainable funding

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Distress Centres Toronto – an urban case study

The Opportunities

- Innovative Service Delivery Models
  - Hybrid: paid staff and volunteers
  - Fee-for-service dedicated lines
- New Service Delivery Channels
  - Technology
  - Face-to-face
- Collaborations
  - For-profit with not-for-profit
  - Professional and volunteer
  - Multi-agency
  - Distress Centres Ontario

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Distress Centres Toronto – an urban case study

The Opportunities

- Integrated Helpline Services
  - 1-800 Suicide
  - Crisis Chat / Text
- Development of Best Practice Standards
  - Knowledge exchange
  - Community capacity building

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Manitoba Farm and Rural Support Services – a rural case study

- Began in 2000 as response to the on-going farm crisis in MB.
- Specialized service: recognition that the agricultural population has unique needs and cultural attributes ('agri-culture')
- Research has shown that farming is one of the world's most dangerous and stressful occupations (WHO). People in rural and remote communities (incl. First Nations) are at higher risk of suicide due to access to lethal means, reduced access to mental health services, and lower help-seeking behaviours among others.

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Manitoba Farm and Rural Support Services – a rural case study

- Also serve rural and northern MB (50% of pop live outside city of Winnipeg)
- Fully funded by provincial government (Dept. of Health) and administered by Klinic Community Health Centre (Winnipeg)
- Office located in Brandon (agricultural 'hub')
- Paid professional counseling staff with farming backgrounds and trained volunteers ('hybrid model')

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CANADIAN DISTRESS LINE NETWORK - CDLN

Mandate

"To provide information, support, counselling and referrals to farmers, rural & northern Manitobans."

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Services

- Open Mon to Fri 10 AM to 9 PM, incl. holidays
- Volunteer Training Program (2007) enabled us to share the Crisis Line and the Manitoba Suicide Line with Klinic. Led to increased access to lines, enhanced program morale and quality outcomes
- On-line support (email helpline and chat (IM) 2010.
- Website, social media (Facebook, Twitter and Youtube)
- Outreach and public education
- Suicide Bereavement Support Group (partnership with local suicide prevention committee)

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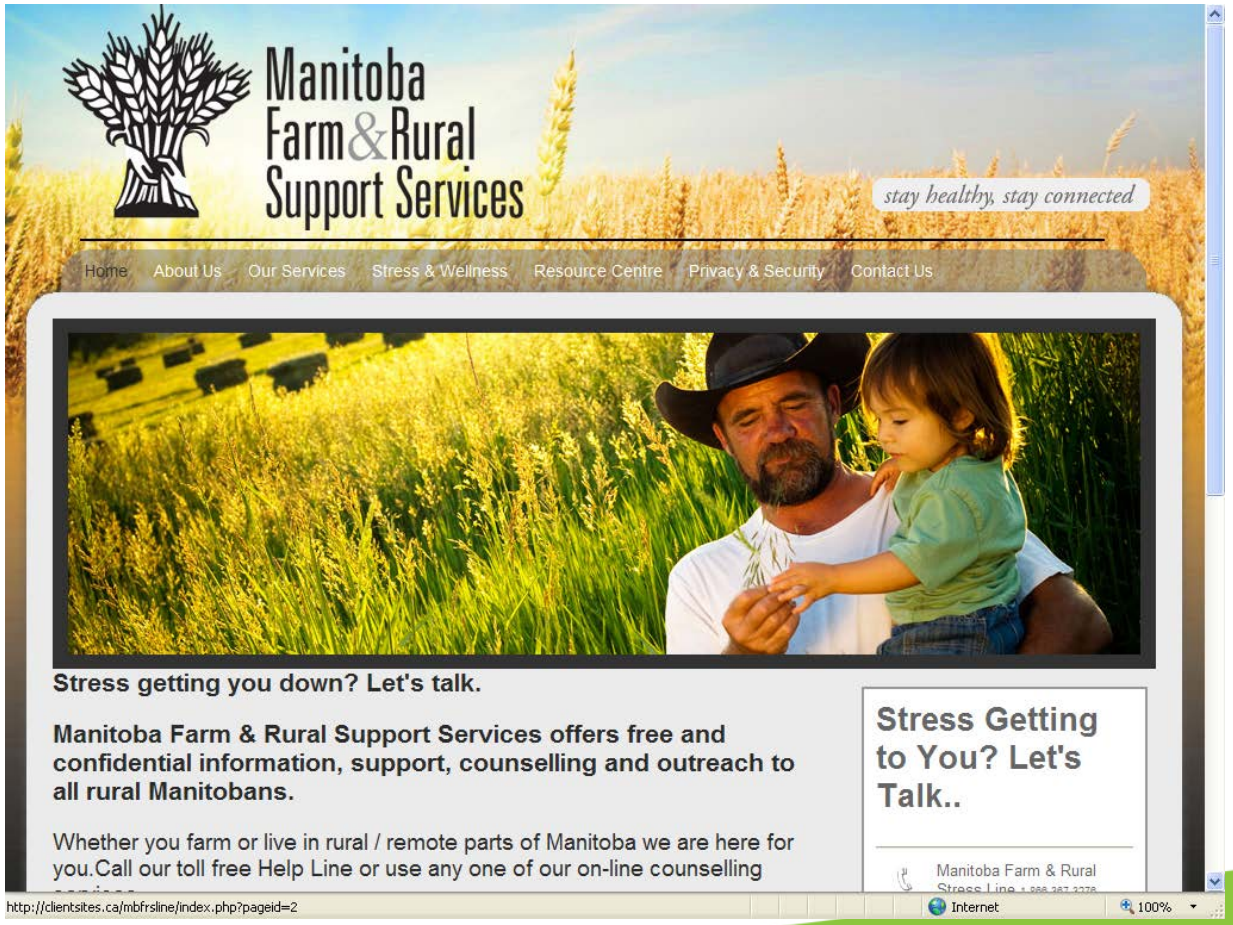
www.ruralsupport.ca



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E-mail helpline

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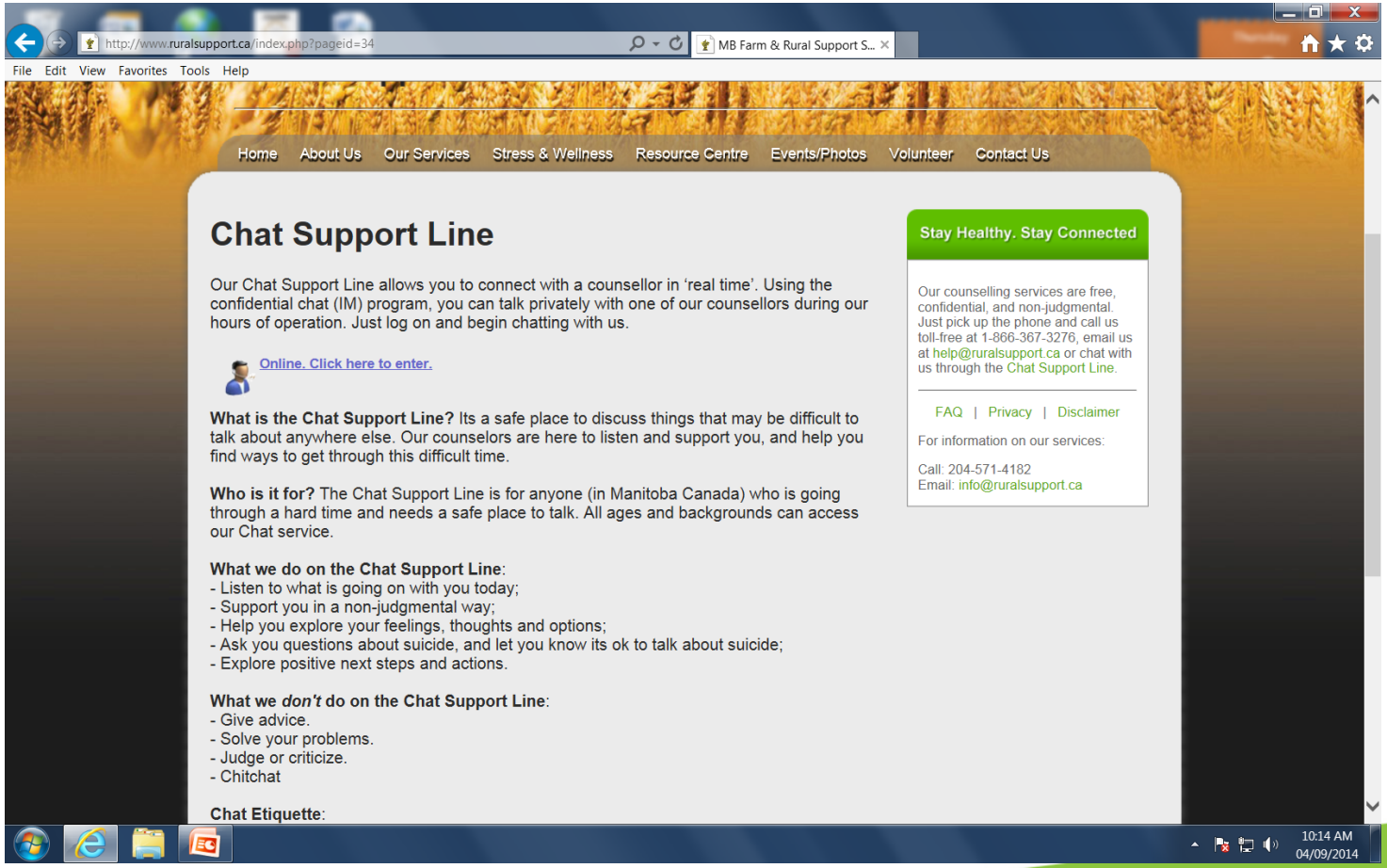
Live Chat



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Some statistics

- Manitoba Farm and Rural Support Services averages approx. 1800 calls/yr.
- Klinic Crisis Line averages approx. 30,000/yr
- Manitoba Suicide Line averages 3,260 calls/yr.
- Callers reach out to us for a variety of different reasons

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Challenges & Opportunities

- Need for more resources for outreach and public awareness
- Increased funding for on-line emotional support (software, extended hours of operation and promotion of service)
- Encourage help-seeking among higher risk populations (farmers, youth, First Nations)
- Respond to growing needs of rural immigration
- Partnerships with other programs offering crisis support and suicide prevention for farm, rural and northern populations.

Canadian Distress Line Network

Connecting Canada

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CANADIAN DISTRESS LINE NETWORK - CDLN

Why the CDLN has a good idea!

- Canadians need access to one easy-to-remember, free and confidential national Suicide Prevention Service (telephone and on-line)
- A routing system will enable calls to be directed to provincial crisis lines that are part of the Network, thus responding to unique regional and cultural needs of the caller
- This service will be answered by trained crisis line workers (paid and volunteer) who specialize in suicide prevention and crisis intervention (the ‘hybrid model’)

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Why the CDLN has a good idea

- The CDLN will support the various regional distress and crisis lines who are currently operating independently and with varying standards through: best practices, a Canadian accreditation process, and knowledge exchange
- It is also hoped that the CDLN will help newer and under-funded crisis lines to reach their full potential

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CDLN and where do we go from here!

- Formalizing the structure of a National Network including best practices, accreditation and knowledge exchange
- Develop partnerships to support the development of a National 1-800 service within 12 months
- **How will YOU help to support this initiative??**

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Questions for Presenters?

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Janet Smith, Program Manager, Manitoba Farm and Rural Support Services; Manitoba Suicide Line (Klinic)

Phone: 204-571-4182
Email: manager@ruralsupport.ca

Continue the conversation by visiting MHCC's Collaborative Spaces:
http://www.mentalhealthcommission.ca/English/mhcc-collaborative-spaces

Meg Schellenberg, Knowledge Broker, MHCC

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Thank you!

Contact us: info@mentalhealthcommission.ca

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