



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



Roots of Hope  
A Community Suicide  
Prevention Project



# Roots of Hope

## BACKGROUND

*Roots of Hope – Backgrounder.*  
Mental Health Commission of Canada, 2023.

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*Ce document est disponible en français.*

This document is available at [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)



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# Roots of Hope Model

The Roots of Hope model helps communities across Canada **reduce the impact of suicide** in their local context. The model builds on **community expertise** – and national and international best practices – to establish **suicide prevention and life promotion** interventions.

Each community tailors these efforts to their own needs by using the Roots of Hope implementation framework, which is based on the program's **5 pillars**:

1. **Means safety**
2. **Public Awareness**
3. **Research**
4. **Specialized Supports**
5. **Training**





# Roots of Hope — 5 Pillars



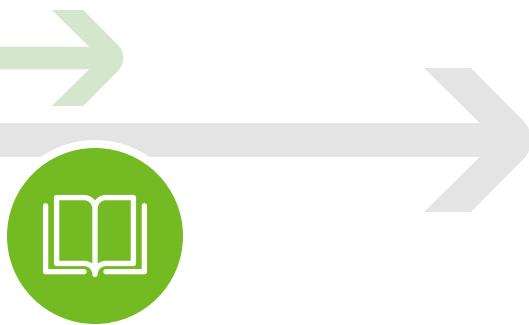
## **Pillar 1** Means Safety

*Working to limit access to methods while identifying and addressing “hot spots” in the community*

Activity examples:

- Distributing resources that support communities to reduce access to means
- *From the Research Demonstration Project: community-based medication roundups, widescale distribution of medication lockboxes, and partnerships to improve safety around public transit*





## Pillar 2 Public Awareness

*Educational efforts – developed locally and based on community context – to increase help-seeking behaviours and reduce stigma around suicide*

Activity examples:

- Participating in educational events (community fairs, school-based events)
- Developing and implementing targeted social media campaigns
- Partnering with local media to promote safe messaging around suicide
- Creating awareness campaigns that are responsive to priority groups or issues in each community.
- Producing hard-copy resources on suicide prevention education
- *From the Research Demonstration Project: La Ronge, Saskatchewan, which includes a social media campaign that supports the mentorship of Indigenous youth by adult Indigenous men on mental health, trauma, suicide prevention, and life promotion*

## Pillar 3 Research and Evaluation

*Engaging in activities that expand the Canadian suicide prevention evidence base*

Activity examples:

- Partnering with a local university or research institution.
- Setting data collection priorities
- Conducting surveys
- Improving access to suicide prevention data at the local level
- Monitoring and evaluating activities under community action plans







## Pillar 4 Specialized Supports

*A range of activities supporting specific populations or needs in prevention, intervention, and postvention*

Activity examples:

- Collaborating with community partners across different sectors and cultures to offer programming (e.g., on grief, bereavement, and life and health promotion)
- Creating programming for specific populations (e.g., men, Indigenous youth, 2SLGBTQ+)
- Working with local hospitals on post-discharge processes to enhance community-based supports
- *From the Research Demonstration Project: Meadow Lake, Saskatchewan, whose Roots of Hope community has been working with a number of organizations to create a response team to support front-line workers who are dispatched when a crisis occurs. The focus is on wellness and upstream suicide prevention and intervention solutions*



## Pillar 5 Training and Networks

*Training and learning opportunities for gatekeepers and leaders in the community.*

Activity examples:

- Connecting gatekeepers with LivingWorks, LivingWorksFaith, or START training online.
- Promoting training for health-care providers (e.g., *Suicide: Facing the Difficult Topic Together*).
- Promoting training aimed at journalists to develop safer reporting practices with *Mindset*.
- Offering Mental Health First Aid Basic using a train-the-trainer approach.
- Providing training on trauma-informed care and approaches to suicide prevention and life promotion.
- *From the Research Demonstration Project: Meadow Lake, Saskatchewan, where the Roots of Hope community has developed strong partnerships with nearby First Nation communities to engage with LivingWorks Faith, which supports spiritual leaders and Elders to effectively prevent, intervene, and minister around the issue of suicide prevention and life promotion.*

# Roots of Hope

## Guiding Principles

The 13 essential guiding principles to implement the Roots of Hope model:

1. **Comprehensive.** Use multiple interventions geared toward a wide range of individuals across a variety of settings.
2. **Collaboration/Coordination.** Design programs to enhance collaboration among stakeholders.
3. **Culturally Appropriate.** Develop, implement, and evaluate interventions that respect a diversity of cultures and are responsive and appropriate (for the overall community and specific sub-populations).
4. **Recovery Oriented.** Focus suicide prevention efforts on giving people hope, treating them with dignity, and meaningfully including them in the decisions being made.
5. **Evidence Informed.** Use evidence-informed interventions, selected and informed by different kinds of evidence, including those outside of peer-reviewed quantitative studies.
6. **Measurement and Evaluation.** Measure outcomes and evaluate interventions to determine their effectiveness and inform future innovations.
7. **Lived Experience.** Recognize the important role of suicide attempt and suicide loss survivors, persons with lived experience, individuals bereaved by suicide, and caregivers in guiding suicide prevention efforts.
8. **Flexible.** While standardization is important when comparing communities or tracking progress over time, be sure that selected interventions can be tailored to the community for which they are being implemented.
9. **Strengths Based.** Build on existing strengths rather than on identifying and closing gaps.
10. **Span the Continuum.** Address suicide across the entire spectrum, including prevention, intervention, and postvention services.
11. **Community Centered.** Develop initiatives that are community led, tailored to its current level of readiness, and driven by engaging and empowering local stakeholders.
12. **Sustainable.** Design initiatives that allow for continued funding and leadership.
13. **Innovative.** Attempt, evaluate, and share creative and innovative ideas to advance suicide prevention efforts globally.



**Comprehensive**

**Flexible**

**Collaboration/  
Coordination**

**Strengths Based**

**Culturally  
Appropriate**

**Span the Continuum**

**Recovery Oriented**

**Community Centered**

**Evidence Informed**

**Sustainable**

**Measurement  
and Evaluation**

**Innovative**

**Lived Experience**

**Roots of Hope  
Guiding Principles**





# Mental Health Commission of Canada **Roots of Hope** Initiatives



## Roots of Hope Research Demonstration Project (2018-2022)

The Roots of Hope Research Demonstration Project **gathered evidence** to understand the model's effectiveness in supporting the efforts of eight communities across Canada **to reduce the impact of suicide** in their local contexts. Our findings will **inform best and promising practices** to implement and adapt Roots of Hope to their unique needs.





# Roots of Hope Communities





## Roots of Hope Early Adopters (2021-2023)

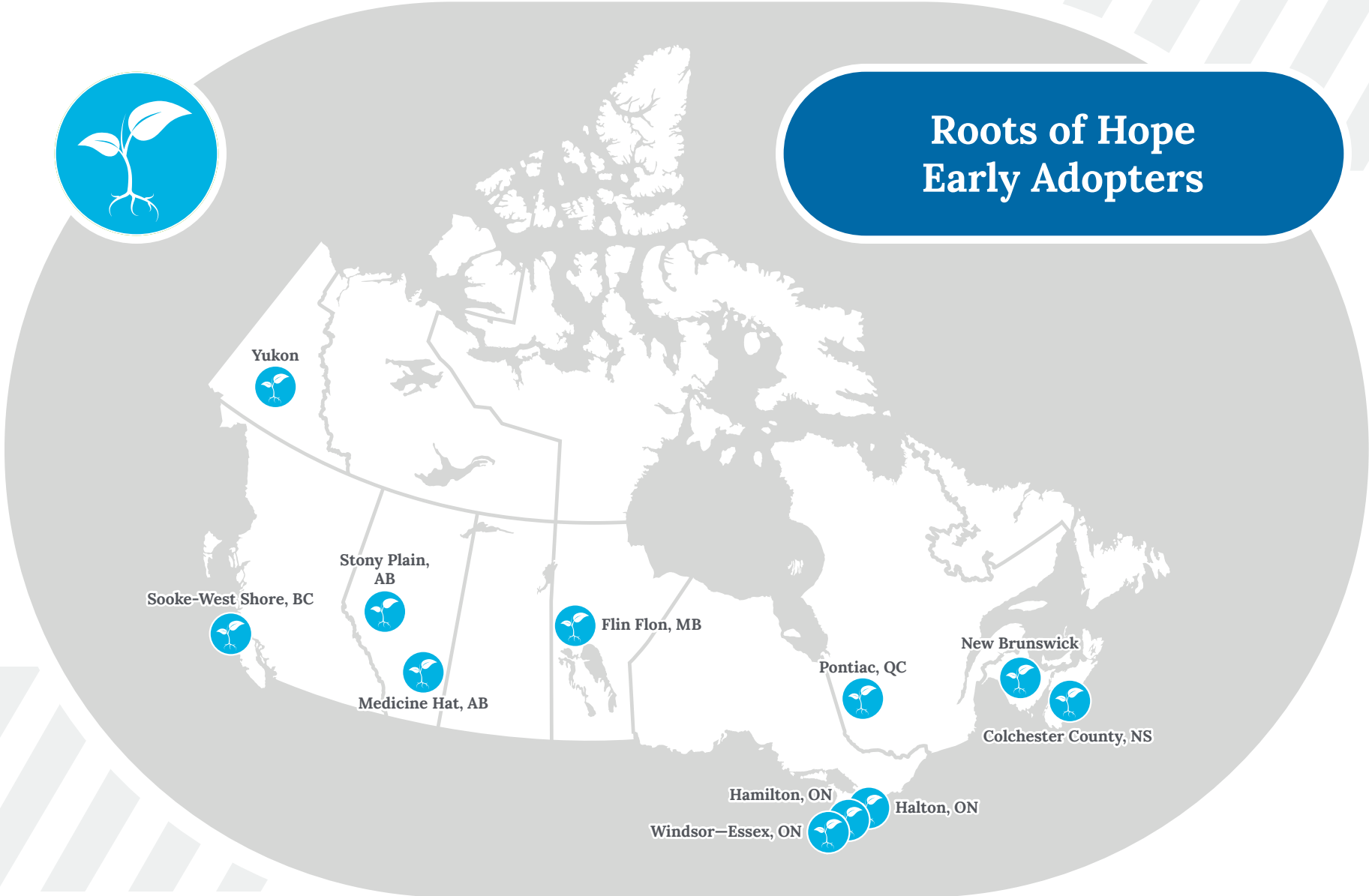
Early Adopters are the second cohort of communities moving toward implementing the Roots of Hope model. This group of 11 communities from coast-to-coast-to-coast understand its potential benefits and are eager to use it to support suicide prevention and life promotion in their communities, including specific groups such as youth, men, and Indigenous populations.

The overall aims of Early Adopters are to **scale-up** Roots of Hope across the country by helping communities **advance its implementation** and to test the effectiveness of **Mental Health Commission of Canada (MHCC) supports** to **sustain** the model.





# Roots of Hope Early Adopters



# Roots of Hope – Commonly Asked Questions



## *Our community has recently faced several suicides. Is partnership in Early Adopters appropriate?*



Under the Roots of Hope model, communities that have experienced a recent suicide crisis will be able to prioritize immediate actions. Some communities in the Research Demonstration Project joined Roots of Hope after similar experiences. They used action plans to address specific population needs and mobilized resources through community

partnerships to support at-risk and vulnerable populations. Many of these communities have also been exploring postvention implementation activities, and the MHCC is supporting this work by connecting them with the latest research and promising practices.

## *What is meant by “community”? Can our community participate in Early Adopters and still focus on one priority population?*

The Early Adopters program defines a community as “any geographic area or institution with clearly identified boundaries within Canada.” So far, the 11 Early Adopter communities are in geographical areas that share a common interest in pursuing suicide prevention and life promotion activities.

But communities can still define themselves a bit differently – as long as they share common realities, contexts, cultures, or ideologies and feel that their needs are unique enough to warrant special attention on suicide prevention (e.g., vulnerable or priority populations or post-secondary students). Regardless of the defined priority population in a “community,” its implementation strategy has to follow the key guiding principles of the Roots of Hope model.





## *What kinds of partnerships did the demonstration project communities form to coordinate their implementation of the Roots of Hope model?*

The MHCC encourages communities to explore partnerships across multiple sectors. Doing so enables partners to leverage knowledge, expertise, reach, and resources while providing a more collaborative and distinctive approach to life promotion and suicide prevention. Partnerships include various segments

of society, such as academia or universities; diverse cultural groups; Inuit, Métis, and self-governing First Nation communities; the charitable and not-for-profit sector; and various levels of government, education, health, and social services.

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## *What kind of lead organizations does the Early Adopters Program have?*

Leadership at the community level will differ between communities. A lead organization or group will be able to demonstrate the capacity and resources it can dedicate to developing action plans under the 5 pillars, coordinating efforts among various community partners, and implementing key activities under each pillar. Lead organizations include:

- Regional or provincial/territorial health authorities
- Not-for-profit groups or organizations
- Community-led coalitions and councils
- Indigenous community groups and leadership organizations







## *Does the Roots of Hope model support the unique needs of First Nation, Inuit, and Métis communities?*

Roots of Hope is highly adaptable. The model supports initiatives that are both community led and targeted to the whole community. Depending on the activities a community defines in their action plan, it is supported in developing tools and resources that fit its specific needs. These tools and resources can align with Indigenous world views and cultural approaches to healing and include Indigenous languages as well as other areas a community would like to address.

The MHCC has committed to adapting Roots of Hope resources for implementation in partnership with Inuit, Métis, and First Nation Early Adopter communities.

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## *How will the MHCC support Early Adopters to implement activities through Roots of Hope?*

The MHCC will do so using a community of practice (CoP) approach. Participating in the CoP will give Early Adopters a chance to learn from other communities in the program, problem solve collaboratively with organizations across the country, and share best and promising practices.

The MHCC will support Early Adopters through all phases of project implementation, including planning, sustaining, and evaluation.





# Areas in Which the MHCC Will Provide Community Support

### Project planning and implementation:

- Developing a community coalition by providing terms of reference, tools, templates, and other documents
- Identifying and engaging key community stakeholders to guide implementation
- Creating a community action plan
- Action plans for strengths and opportunities.
- Assessing and evaluating plans early in the project
- Reviewing evaluation and data collection plans for strengths and opportunities for collaboration

- Content and context-specific virtual roundtables.
- Template and resource sharing between communities
- Consultation on developing education and implementation resources
- Identifying and disseminating promising practices

### Implementation activities:

- Developing a library of resources for implementation
- Determining education needs
- Identifying skills and capacity-building needs to support scale-up across Canada

### Promising practice exchange and collaborative problem solving:

- CoP virtual meetings
- Community presentations and webinars

## What types of partnerships have been beneficial for implementing Roots of Hope activities?

Productive partnerships help increase the reach and impact of suicide prevention activities. Below are examples of partnership areas communities may wish to explore. With the many different

options for collaboration, some communities may need to consider other partnerships to address local needs.



**Education Sector**



**Local/  
Provincial  
Government**



**Health-care  
Providers**



**Social  
Services**



**Local  
Non-profits**



**Mental Health  
Services**



**Population-  
specific  
Organizations**



**First  
Responders**





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