



Mental Health
Commission
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Roots of Hope

A Community Suicide
Prevention Project



Roots of Hope Case Studies

Spotlight on Halton, Ontario

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THE ROOTS OF HOPE MODEL

Roots of Hope is a community-based model that supports populations across Canada in reducing the impact of suicide in their local context. The model builds on community expertise as it implements suicide prevention and life promotion interventions.

In the first Roots of Hope cohort in 2018, eight communities across Canada became part of a research demonstration project. The aim was to support them as they built their capacity to reduce the impact of suicide and to gather evidence on the model's effectiveness with an eye to establishing best and promising practices for wider adoption in the future.

In the Roots of Hope model, communities tailor their suicide prevention efforts around its 5 pillars:

1. **Means Safety.** Identify “hot spots” and implement measures to limit access to the suicide methods being used.
2. **Public Awareness.** Create local educational campaigns (e.g., posters, brochures, social media).
3. **Research.** Set research priorities, surveillance, and monitoring and evaluation to increase the suicide prevention evidence base.
4. **Specialized Supports.** Develop a range of possible prevention, intervention, and postvention services (e.g., peer support, support groups, workplace interventions, and coordinated planning and access to services).
5. **Training and Networks.** Provide training and learning opportunities for community gatekeepers (e.g., physicians, first responders, nurses, HR staff and managers, and teachers).

ROOTS OF HOPE EARLY ADOPTERS (2021-23)

The second Roots of Hope cohort involved 11 additional communities — or Early Adopters — from coast-to-coast-to-coast. As the initial demonstration project continued, these new communities were eager to learn about the model's potential benefits and use it to support their own suicide prevention and life promotion projects, including those for specific groups such as youth, men, and Indigenous populations.

Early Adopters are scaling up Roots of Hope by advancing its implementation and testing how effective Mental Health Commission of Canada (MHCC) supports are for sustaining the model.



THE HALTON EARLY ADOPTER COMMUNITY

Halton is a rapidly growing community with a population of 600,000 (an increase of about 60 per cent from 2001 to 2021). The Halton Suicide Prevention Coalition (HSPC) was created in 2004.

The HSPC's membership includes representatives from the following organizations:

- Canadian Mental Health Association (CMHA) Halton
- CMHA Hamilton
- Halton Region Health Department
- Halton District School Board
- Halton Catholic District School Board

- Halton Alcohol, Drug, and Gambling Assessment, Prevention, and Treatment Services (ADAPT)
- Distress Centre Halton
- Local hospitals
- Reach Out Centre for Kids (ROCK)
- Oakville Public Library
- Halton Regional Police Service
- Heartache2Hope (suicide loss support)

Additional members include those who are interested, and individuals affected by suicide.

COMMUNITY ACTIVITIES AND ACHIEVEMENTS

1. Gathering data on suicide in our community from the police and public health organizations and creating a database that we plan to use to watch trends and identify priority populations.
2. Customizing the [Prevent Suicide: Ways to Make Your Home Safer](#) brochure to include local resources and make it available to local programs and organizations.
3. Launching an annual [Garden of Hope rock garden](#) for World Suicide Prevention Day to promote community awareness.
4. Creating working groups within our coalition based on the Roots of Hope pillars to plan, develop, and implement strategies and campaigns.

COMMUNITY IMPACT

These actions have helped us use both quantitative data and the experiences of HSPC members to explore the suicide prevention priorities in our community. The 5 pillars have also helped us ground and organize our initial planning and the creation of our work plan by encouraging us to explore what we are doing well and what improvements we can make. Networking with other communities to learn about their successes has also helped inform our planning.

Through our data-gathering efforts, we were able to identify gaps and needs that will allow us to advocate for consistency and data collection that is meaningful and useful to the community and to suicide prevention outcomes.





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