



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Roots of Hope

A Community Suicide
Prevention Project



Roots of Hope
Promising Practice Exchange Case Studies

Spotlight on Edmonton, Alberta

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INTRODUCTION

The Promising Practice Exchange Case Studies bring to light success stories from local communities that are implementing Roots of Hope. The studies are meant to show the model's standard framework in a range of local contexts and highlight how unique results in each community have shaped the program.

Each case study is guided by four key principles:

1. **Community Success.** Document and highlight community success stories.
2. **Focus on Place.** Illustrate how each local context guides Roots of Hope implementation.
3. **The Importance of Pillars.** Emphasize Roots of Hope's 5 pillars: means safety, public awareness, research, specialized supports, training and networks.
4. **Quality Improvement Opportunities.** Invite communities to talk about training tools or resources from the Mental Health Commission of Canada (MHCC) and partner organizations to encourage improvement for other communities across the country.

ROOTS OF HOPE

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).

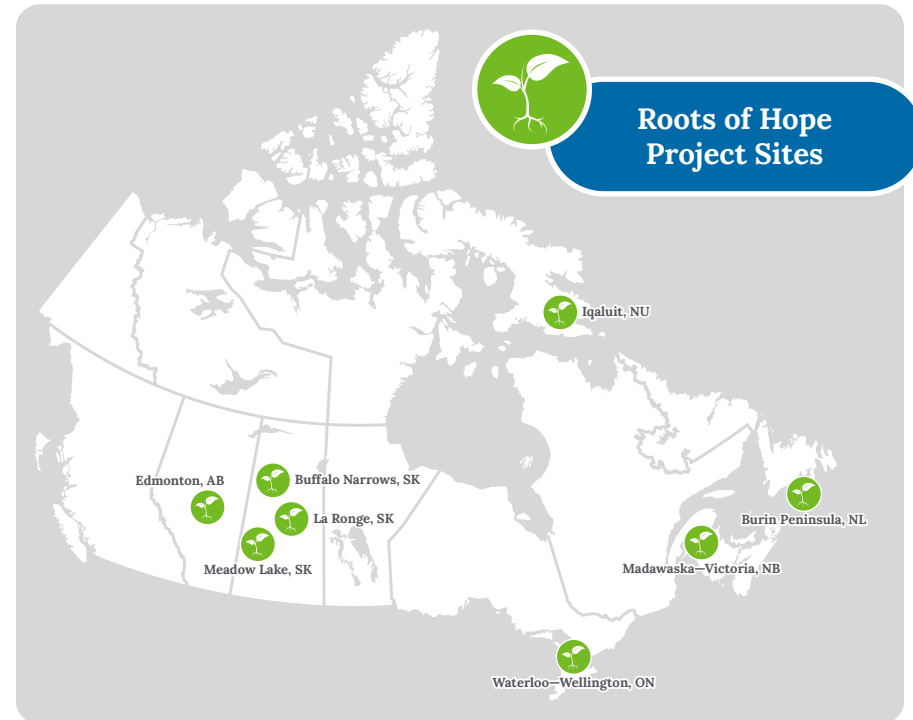


COMMUNITY OF PRACTICE

The Roots of Hope community of practice (CoP) is a way for coordinators, researchers, and other regional stakeholders to connect with an organization overseeing and delivering an action plan. Participants use its quarterly discussions to identify challenges and emerging issues, review successes, introduce best practices, and track the progress of a project. They also use CoP meetings to share information with communities about upcoming Roots of Hope events, webinars, and other items.

CoP Goals:

- Support the transfer of knowledge on ways to implement, adapt, and sustain the Roots of Hope model, both nationally and within each local context
- Establish a network of members who can connect and resolve issues.
- Create a pathway for sharing information, best and promising practices, and other strategic advice related to implementation.
- Provide a platform to recognize the contributions of project coordinators.



PROMISING PRACTICE EXCHANGE

The Promising Practice Exchange gives coordinators the chance to show their implementation progress with CoP members. These (virtual) monthly presentations also foster an exchange of best practices and key lessons learned among community coordinators, research coordinators, and key regional Roots of Hope stakeholders.

Promising Practice Exchange Goals:

- Support the transfer of knowledge on ways to implement, adapt, and sustain the Roots of Hope model, as well as topics relating to suicide prevention and life promotion,
- Create a means of connecting with coordinators between CoP quarterly meetings.
- Provide a platform to recognize the contributions of project coordinators.



THE EDMONTON COMMUNITY

Edmonton is situated in a central Alberta area that measures 648 square kilometres. Its urban population of more than [970,000](#) reaches nearly [1.5 million](#) across the wider metro area. Visible minorities make up about 37 per cent of the city's population, with South Asian, Chinese, ACB (African, Caribbean, and Black), and Filipino people making up the largest communities in this group. A further 5.5 per cent identify as Indigenous, a relatively large population compared to cities in other provinces.

Edmonton's unemployment rate in July 2019 was 7.5 per cent, an increase of one per cent compared to July of 2018. Between 1998 and 2018, the proportion of employees earning minimum wage doubled to 10.4 per cent from 5.2%.

Currently available data “does not give a precise picture of who is dying by suicide in Edmonton, mainly because not every death by suicide is reported as such, and it is widely believed that many deaths in which the cause is considered inconclusive may be due to suicide” (p. 18).¹

What is known about suicide deaths in Edmonton:

- “Middle-age males have the highest suicide death rate, where an average 75% of those who die by suicide are males, primarily between the ages of 40 and 59.
- Suicide is the single greatest cause of injury-related deaths for Indigenous people.
- It is estimated that for every person who died by suicide, as many as twenty are likely to have attempted suicide.
- In 2015, 214 people died by suicide in the Edmonton Zone (Edmonton and surrounding areas). Of these, 148 were male and 66 were female.

- In 2015, there were 2,467 visits and in 2016 there were 2,365 visits to the Emergency Department in the Edmonton Zone due to suicide attempts” (p. 18).²
- In 2019, there were 2,440 visits to the Emergency Department in the Edmonton Zone due to suicide and self-inflicted injury. That same year, 187 people died by suicide in the Edmonton Zone. Of these, 135 were male and 52 were female.³

There is some evidence to suggest that income inequality and poverty are correlated with suicide in Edmonton. An adversity metric created with the available data indicated that areas of the city with higher suicide rates also had a higher adversity metric.⁴



1 [Living Hope: A Community Plan to Prevent Suicide in Edmonton](#)

2 [Living Hope](#)

3 [Alberta Interactive Health Data Application](#)

4 Michael Sanderson of Alberta Health

COMMUNITY ACTIVITIES AND ACHIEVEMENTS

In 2016 the Edmonton Suicide Prevention Advisory Committee released the [Edmonton Suicide Prevention Strategy, 2016-2021](#). Capitalizing on the momentum underway, the group expanded as the Edmonton Suicide Prevention Strategy Implementation planning committee, which includes senior representatives from the following organizations:

- Alberta Health Services (AHS) and the Government of Alberta
- City of Edmonton
- United Way Alberta Capital Region
- Canadian Mental Health Association (Edmonton Region)
- Edmonton Police Service and Edmonton Fire Rescue Services
- University of Alberta
- Private businesses and community organizations⁵

From this committee's work, *Living Hope: A Community Plan to Prevent Suicide in Edmonton* was created, which was undertaken between 2018 and 2022.

Building on the work underway with Edmonton's Living Hope project, on December 11, 2018, the MHCC signed a letter of intent with the Centre for Suicide Prevention (CSP) to undertake the Roots of Hope demonstration project in Edmonton. CSP was designated as the lead agency responsible for appointing its community coordinator and research team.

⁵ [Living Hope](#)



COMMUNITY IMPACT

Participation in Roots of Hope infused Edmonton's efforts with additional funding, fresh hope, and the opportunity to contribute to the ripple effect felt by Roots of Hope communities across Canada.

Over the three years of implementation, Living Hope advanced 49 of the 52 activities outlined in the original implementation plan and observed short-term movement in all outcomes. Impacts of this progress have included expanding Edmontonians' understanding of mental health and suicide, increasing knowledge about creating safe environments, and supporting those working with priority populations to improve the effectiveness of their services.

In 2021, our community-based implementation team made significant progress on a number of activities, including supporting cross-organization collaboration and sponsorship for the development of a 2SLGBTQ+ helpline, hosting Edmonton's

first men's mental health forum, and launching the [Edmonton Suicide Trends Report](#), the first of its kind in Alberta and a significant achievement in suicide-related surveillance data.

Living Hope's relationship with the MHCC validated Edmonton's community-based approach and strengthened the insights gained from public engagement and evaluation data. In May 2022, the Edmonton City Council committed to invest \$1.3 million annually (2023-2026) as part of its Community Safety and Well-being Strategy to renew and sustain suicide prevention efforts.

These community and financial commitments ensure the stability required to maintain momentum between implementation cycles.

Living Hope will continue listening to and creating with service providers and those with lived and living experience to apply what has been learned over the past four years and adapt to the changing needs of the Edmonton community.







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