

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 Madawaska-Victoria, New Brunswick

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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).

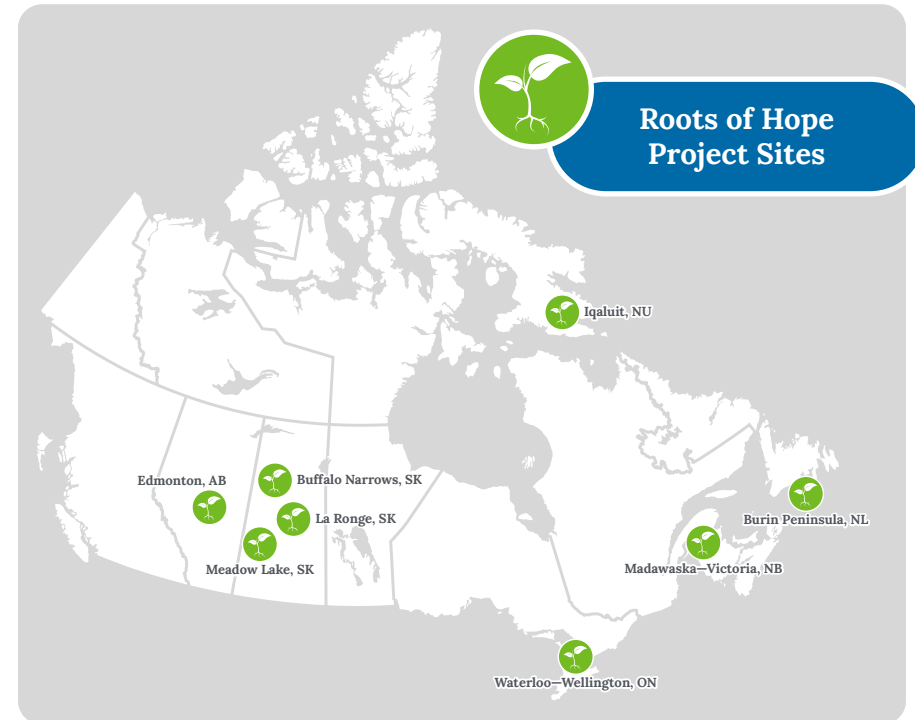


COMMUNITY OF PRACTICE

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 MADAWASKA-VICTORIA COMMUNITY

The Madawaska and Victoria region in northern New Brunswick is home to about 50,000 people. The area is predominantly French-speaking and has an economy centred on forestry, food processing, and agriculture.

The two counties, which fall under the Vitalité Health Network (Zone 4), decided to participate in Roots of Hope to better understand and respond to the needs of the community, particularly those related to men's health.

Through Roots of Hope, its project team set four main objectives:

- Provide services and resources that correspond to the values and culture in Zone 4
- Reduce stigma around mental health and drug addiction in rural areas.
- Decrease the suicide rate and its impact on our communities, friends, and families.
- Connect with other Roots of Hope project teams to discuss our strategies and information.

COMMUNITY ACTIVITIES AND ACHIEVEMENTS

The initiatives described below were inspired by what we learned from our qualitative study in Madawaska and Victoria counties. We collected data – using semi-directed interviews and discussion groups with diverse stakeholders (men and families with lived and living experience, first responders, health-care professionals, predominantly male workplaces, and mayors of cities and towns) – to better understand the needs, expectations, and preferences of men who were at risk, who have experienced psychological distress, or who have attempted suicide.

1. Training and Networks Adult men's suicide prevention awareness training for family physicians and nurse practitioners

According to the province, more than 70 per cent of those who die by suicide consulted their family physician nearly seven times in the last three months of their lives. Seventy per cent of those were not referred or else were never able to access mental health

and addiction services in their lifetimes. To help family physicians and nurse practitioners (NPs) quickly determine the risk of suicide and be able to direct their patients to the services they need, the team implemented CRI2SE suicide prevention training for men. The training, developed by Dr. Jalila Jbilou, a professor at the University of Moncton and researcher at its New Brunswick Medical Education Centre, has two modules: (1) an eight-page guide to raise awareness about suicide among men and identify those who are at risk (includes practice introspection questions), and (2) a workshop (in-person or via Zoom) that offers a rapid review of module 1 and practical learning using clinical vignettes. Topics include reflexive communication, the early detection of suicide risk, adapted interventions, and self-care for professionals. It also includes a small directory of community resources and important phone numbers. The team is currently looking at CME accreditation and offering the training online. Our goal is to deliver it to all family physicians and NPs in the region by the end of 2023. As of March, 23 NPs have taken the training.



We also used the My Wellness, It's My Job strategy (developed for male-dominated companies) to educate and sensitize workers, supervisors, and directors on recognizing the signs and symptoms of seeking out help. Our goal was to guide and empower companies to foster employee well-being and prevent suicide by directing them to support resources. So far, 300 hundred people from different businesses have completed the program.

We also created a community of practice for New Brunswick's two health networks: Horizon and Vitalité. In each health zone, community mental health and addiction prevention coordinators were hired to help develop a plan focused on Roots of Hope's 5 pillars. We have since developed a close collaboration to exchange the knowledge we have acquired during this project.



2. Specialized Support The MindfulHeart program for adult men

Out of a working Roots of Hope subcommittee, the provincial Canadian Mental Health Association (CMHA-NB) proposed an agreement to provide a program, called MindfulHeart.

This 12-week series, also designed by Dr. Jbilou, offers seven modules on mindfulness and its role in recovery, focused thinking, and stress management. It also helps participants manage stress and integrate mindfulness in their daily lives. In collaboration with CMHA-NB, Dr. Jbilou offered the program free of charge during the winter of 2021 to 41 men (13 French-speaking and 28 English-speaking) and in the winter of 2022 to 55 men (16 English-speaking and 39 French-speaking) and 24 women (French-speaking). Participants were able to join either program based on their gender identity.

To promote local involvement, a CMHA-NB mental health worker and community educator organized community information sessions, established ties with men and women interested in mindfulness, offered education about its beneficial effects, and referred men to the program.

3. Public Awareness Saint-Quentin cultural mediation (community mosaic)

One activity under Roots of Hope's **public awareness** pillar was a community mosaic project, in partnership with the town of Saint-Quentin and other local organizations.¹ Its main objectives were to promote mental health, break isolation, and reduce stigma. For two weeks, residents of all ages created individual works under the guidance of professional mosaic artist Carole Lulham. During the workshops, residents developed a plan to promote well-being in Arthur Parent Park, while sharing moments of creativity and discussion. Flagstones were used to create a path in the park that leads to the collective mosaic, featuring a magnificent butterfly as a symbol of hope and renewal. Since the inauguration in 2021, the entire community has been able to enjoy its beauty.

¹ The Association acadienne des artistes professionnelles du N.B., the Société culturelle des hauts-plateaux, the Community Mental Health Centre, La Moisson Public Library, École Mgr-Martin, Polyvalente A.-J. Savoie, and Famille Parent.

COMMUNITY IMPACT

1. Training and Networks **Suicide prevention training for family physicians and NPs**

The most significant impact of this unique team-led initiative was the awareness it raised among family physicians and NPs. This targeted training was also able to include future physicians, which created a culture of change to positively support its approach toward men with suicidal ideation.

A feasibility and acceptability study among six physicians (before and after training) showed that they valued its efficiency and found its role-playing and vignettes effective teaching strategies. They also said that the training positively affected their confidence to address suicide with their patients. Overall, they felt confident in recommending it to their colleagues and incorporating what they learned into their clinical practice.

The development of this training also led to discussions and partnerships with regional and provincial medical directors, who have committed to ensure its continuity in front-line care.

2. Specialized Support **MindfulHeart**

This program's innovative approach showed our partners' strong commitment to demystifying preconceived ideas about men's ability to look after their mental health and emphasized the importance of working together to prevent suicide. Access to this program has helped reduce stigma, ensure follow up, and direct men to the services they need, when they need them.



3. Public Awareness **Saint-Quentin cultural mediation (community mosaic)**

The strong participation in this cultural mediation project showed how much citizens of all ages were able to enjoy the experience. Because the mosaic's creation took place during COVID-19, we had to adapt to health guidelines and public health regulations. People really needed to reconnect but only in a safe environment. Once they had that, participants were eager to attend and include all community members. The event turned out to be an alliance that broke the isolation during the pandemic. Some attendees developed a new passion, and others ventured out of their comfort zone. It was a wonderfully creative experience combining culture and well-being.



TESTIMONIALS AND STORIES

1. Training and Networks Suicide prevention training

During consultations, family physicians and NPs were enthusiastic about gender-based training and really appreciated the fact that we listened to their need for training in suicide prevention.

According to the pilot questionnaire used to evaluate the program, every family physician was satisfied with its content. They emphasized its relevance, structural adequacy, clinical applicability, and the clarity of its recommendations. After taking the training, some participants said they would make an effort to better screen men at risk and would be more attentive when men either had vague reasons for seeking medical attention or asked for multiple appointments over a short period.



2. Specialized Support MindfulHeart

“This 12-week program has been a transformative experience for my emotional health and well-being: I now have a new and improved outlook on life. The tools that have been explained to me can be applied any time of the day, anywhere. My family, friends, and co-workers have even noticed a positive change in how I cope with and accept everyday frustrations with mindfulness. A special thank you to Dr. Jalila Jbilou for her outstanding job teaching this course. Although saddened that this course is ending next week, what saddens me more is that I did not have this wonderful opportunity to take part in this program at the beginning of my career. That said, I truly believe if this were offered in the workplace, we would be left with more positive, cooperative, and well-balanced employees.”

— Participant Daniel C.

Partnerships with other organizations, such as the CMHA-NB, demonstrate the importance of achieving common objectives and understanding that suicide prevention is everyone’s business!

3. Public Awareness Saint-Quentin mosaic

“I was a little worried because I thought people would form little groups, but in the end the project was very inclusive. I also saw people who said they weren’t artists or who hesitated, but they still came back.”

— Mosaic artist Carole Lulham

“Carole is a wonderful person and I adore her! I’ve suffered from depression and when I saw this invitation, I didn’t hesitate. I was there every day, or just about. Even though I like to sleep in in the morning, I couldn’t wait to get out of bed.”

— Participant and volunteer





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