

Mental Health
Commission
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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 Wellington County, Ontario

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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).

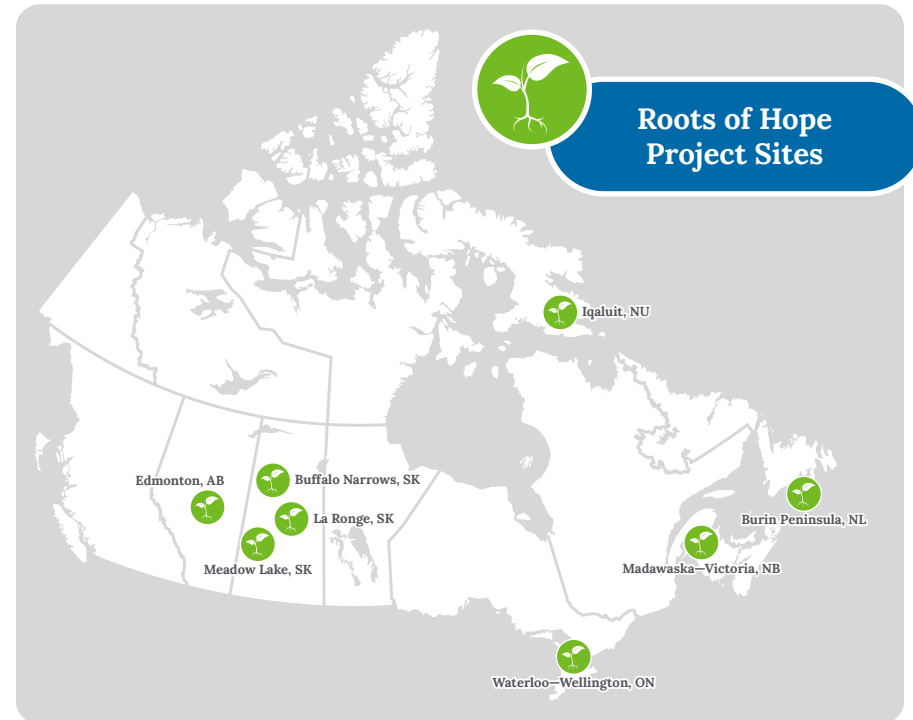


COMMUNITY OF PRACTICE

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 WELLINGTON COUNTY COMMUNITY

Waterloo Region:

- Population: [587,165](#)
- Long-term care homes: 24
- Mental health care services:
 - **Cambridge Memorial Hospital:** acute, post-acute, inpatient
 - **Grand River Hospital:** acute, inpatient, mental health, adult and child
 - **Grand River Hospital Freeport Campus:** post-acute

Wellington County:

- Population: [241,026](#)
- Long-term care homes: 12
- Mental health care services:
 - **Homewood Health Centre:** public and private in-patient



COMMUNITY ACTIVITIES AND ACHIEVEMENTS

To minimize potential risks following a suicide death, the Roots of Hope community in Wellington County has focused on designing and implementing a postvention community plan that includes a Here4Hope support after suicide team.

Postvention is a planned intervention undertaken after a death by suicide that seeks to stabilize the affected environments (e.g., schools, workplaces), reduce the risk of contagion, and facilitate the grieving process.

Who is impacted by suicide deaths?

According to the [circles of vulnerability model](#), those geographically, psychologically, and socially connected to the deceased are the most likely to be impacted and be at risk for suicide contagion:

- **Geographical:** Those in physical proximity (e.g., eyewitnesses, first responders)
- **Psychological:** Those who relate to the victim in some way (e.g., similar culture or identifiers)
- **Social:** Those who have had relationships with the deceased (e.g., family, friends)

Once identified, these individuals can be screened, assessed, and offered appropriate supports.

Who is impacted by suicide deaths?

One model orders the potential impacts of a death by suicide along a [continuum](#), ranging from general exposure to those experiencing long-term bereavement. Each category correlates to different kinds of postvention support to promote healing and reduce negative consequences (e.g., suicide risk).

What typical reactions to death by suicide can include:

- **Stress:** temporary, acute, and post-traumatic
- **Crisis:** mental health-related and suicidal
- **Grief:** shock, moving through grief stages, and complicated grief



Suicide contagion

For vulnerable individuals, being present at the time of a suicide death, directly exposed to the suicide of a close relative or friend, or indirectly exposed through media and social media coverage or portrayals of suicide can lead to [increased suicidal behaviour](#). This type of contagion, which is most often associated with the [youth population](#), can lead to multiple suicides over a specific timeframe (mass clusters) or geographic area (point clusters).

Implementing proactive postvention supports following a death by suicide can help to reduce the risk of contagion.



How we implement postvention activities

At the scene of a death by suicide, a Wellington OPP officer or victim services volunteer sends a referral to the Here4Hope support after suicide team. The team is then activated and proactively reaches out to all those involved to provide necessary information and supports.

Our postvention community plan is guided by five tailored responses:

- Families
- Witnesses/first responders
- Targeted community (e.g., workplaces, teams)
- Whole community (only if the suicide is very public or we are responding to a cluster)
- Media and social media

COMMUNITY IMPACT

In addition to providing direct support to individuals impacted by suicide death, the support after suicide team and activities have been able to increase awareness of postvention across the community.





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