

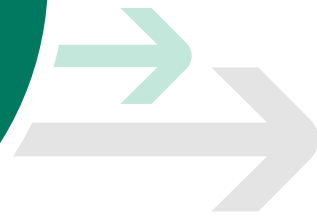


Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Roots of Hope
A Community Suicide
Prevention Project



Roots of Hope:

REFLECTING ON OUR JOURNEY

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Acknowledgments

The head office of the Mental Health Commission of Canada (MHCC) is located on the unceded, traditional territory of the Algonquin Anishinaabe Nation, in what is now called Ottawa, Ontario. We acknowledge that, for thousands of years, the Algonquin people protected these lands, the Ottawa River watershed, and its tributaries. As a national organization, we also acknowledge that we work on the traditional lands of many different nations. Today, a path to truth and reconciliation begins with recognizing both the stewardship and the sacrifices of the original peoples. We are committed to recognizing the errors of the past, acknowledging the challenges of the present, and contributing to a new and equitable relationship with the First Peoples.

This project was led by the Mental Health Commission of Canada, with funding contributions received from Health Canada and funding bodies of the eight Roots of Hope communities.

This report was adapted from its final report: *Evaluation of the Mental Health Commission of Canada Research Demonstration of Roots of Hope: A Community Suicide Prevention Project (2023)*, authored by principal investigator Dr. Brian Mishara and coordinator Anh Tu Tran from the Université du Québec à Montréal's Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE). Additional support was provided by several key Roots of Hope community researchers (see [Contributors](#) for the complete list).



Foreword

This year, over 4,500 people in Canada will die by suicide — that’s more than 12 deaths every day. Yet suicide doesn’t affect all of us equally. More suicides occur in rural areas than in urban settings. Suicide is also the second leading cause of death among youth and young adults. And, according to a [recent poll](#) of more than 13,000 people, those who live with substance use concerns are among the most likely to report suicidal thoughts, which have also increased for the general population during the pandemic. It is clear that suicide is a serious public health problem that needs engagement at all levels: national, provincial-territorial, and local.

To help reduce its impact, the Mental Health Commission of Canada (MHCC) set out to develop Roots of Hope after numerous consultations nationally and internationally. We explored and compared frameworks from Australia, Germany, the United States, the European Alliance Against Depression, and the World Health Organization (to name just a few) with our experiences in Canada.

We then considered the elements that would be needed for an effective and comprehensive community-led approach to suicide prevention and the ways a community could influence outcomes for its residents. National and international experts generally agreed that, broadly speaking, suicide prevention activities would fit into the 5 pillars and 13 guiding principles that have become the foundation for Roots of Hope.

Our initial research demonstration project has shown that the model’s adaptive solution to a complex problem has a lot of promise. Rather than imposing a rigid approach, Roots of Hope builds on existing programs and services, fosters community collaboration, develops new partnerships, implements best practices, and inspires local teams to create interventions that meets their unique needs.



As we wrap up that important first phase of testing, I am inspired by the leadership shown by the eight participating communities, and the journey they have embarked on with the MHCC. Their wisdom and experience, alongside the contributions of local researchers and our principal investigator, have given us a path forward.

The findings and testimonials shared in this report offer a rich repository of data, exemplifying how Roots of Hope communities were able to customize its framework to reflect their own cultural, linguistic, and geographic needs.

What we learned in the demonstration project also made it abundantly clear that ongoing mental health and suicide prevention efforts across Canada are more essential than ever. With three years of loss, disruption, and uncertainty during COVID-19, communities urgently require suicide prevention and life promotion resources that can meet their specific needs.

Roots of Hope is a made-in-Canada approach that reflects the MHCC's value proposition: fostering mental health and wellness by enabling communities to design and implement their own solutions – while facilitating the exchange best practices and lessons learned. As it branches out into more communities and establishes new and growing networks, the project will no doubt take on a life of its own.

The results from the first phase give us reason for optimism that Roots of Hope can touch and change lives in Canada. Let's continue to demonstrate the importance of suicide prevention and adopt Roots of Hope throughout our great country.



Michel Rodrigue

President and CEO

Mental Health Commission of Canada



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Main Messages

The following messages reflect the experiences of all participating communities and highlight the key lessons learned in the process of implementing Roots of Hope.

1

Roots of Hope is a valuable and useful framework for developing a community suicide prevention strategy. Communities used the model to identify activities to implement.

2

The community of practice afforded an exchange of ideas, information, and experiences that supported planning, implementation, and evaluation of local programs.

3

Roots of Hope fostered collaborations across different sectors, including the use of lived experience to inform the development and impact of program activities.

4

Roots of Hope accelerated the expansion of evidence-based suicide prevention activities in a variety of community settings.

5

The formation of community coalitions and the leadership of community coordinators were integral to ensuring a comprehensive and sustained implementation of the model.

6

Roots of Hope has the potential to engage rural populations through the development of collaborative community-based initiatives and novel activities suited to their specific needs.



Introduction

In September 2015, the International Initiative for Mental Health Leadership met to review existing suicide prevention models and collaborate on identifying key elements for a systematic, evidence-based community suicide prevention approach. Due to the complexity of suicide prevention, the review explored the elements of effective and comprehensive community models as well as the roles and responsibilities of different participants.

The review culminated in supporting the development of Roots of Hope – a community-led model aimed at preventing suicides and reducing their impact across Canada. The model builds on community expertise to implement prevention and life promotion interventions based on five pillars of action and 13 guiding principles. Roots of Hope leverages local strengths and partnerships, including the meaningful engagement of people with lived and living experience, while using a collaborative, multi-sectoral approach.



Roots of Hope Model Overview

Roots of Hope communities tailor their suicide prevention efforts around the model's 5 pillars and 13 guiding principles. The pillars focus on safety, awareness and stigma, evaluation research, specialized supports, and training and networking for community gatekeepers and leaders. The guiding principles serve as the model's fundamental building blocks. They stress the importance of being comprehensive, culturally appropriate, recovery oriented, evidence informed, and community centered, while emphasizing the need for collaboration, measurement and evaluation, recognition of lived and living experience, flexibility, sustainability, and innovation.



5 Pillars

Means Safety

Identify the methods or places where a high number of suicides occur and implement measures to safely limit access to them (e.g., building barriers on bridges or at railway crossings and protocols for medication access).

Public Awareness

Create locally driven campaigns to promote mental health awareness (e.g., posters, brochures, social media) and collaboration with the media.

Research

Set research priorities, surveillance, and monitoring and evaluation to increase the suicide prevention evidence base.

Specialized Supports

Develop a range of possible prevention, crisis, and post-crisis services (e.g., peer support, support groups [including self-help], workplace interventions, and coordinated planning and access to services).

Training and Networks

Provide training and learning opportunities for community gatekeepers (e.g., physicians, first responders, nurses, HR staff, and teachers).



13 Guiding Principles

Comprehensive

Use multiple interventions geared toward a wide range of individuals across a variety of settings.

Collaboration/Coordination

Design programs to enhance collaboration among stakeholders.

Culturally Appropriate

Develop, implement, and evaluate interventions that respect a diversity of cultures and are responsive and appropriate (for the overall community and specific subpopulations).

Recovery Oriented

Focus suicide prevention efforts on giving people hope, treating them with dignity, and meaningfully including them in the decisions being made.

Evidence Informed

Use evidence-informed interventions, selected, and supported by different kinds of verification, including those outside of peer-reviewed quantitative studies.

Measurement and Evaluation

Measure outcomes and evaluate interventions to determine their effectiveness and inform future innovations.

Engage People with Lived Experience

Recognize the important role of suicide attempt and suicide loss survivors, persons with lived and living experience, individuals bereaved by suicide, and caregivers in guiding suicide prevention efforts.

Flexible

While standardization is important when comparing communities or tracking progress over time, be sure selected interventions can be tailored to the community they are being implemented for.

Strengths Based

Build on existing strengths rather than on identifying and closing gaps.

Span the Continuum

Address suicide across the entire spectrum, including prevention, intervention, and postvention services.

Community Centered

Develop initiatives that are community-led, tailored to its current level of readiness, and driven by engaging and empowering local stakeholders.

Sustainable

Design initiatives that allow for continued funding and leadership.

Innovative

Attempt, evaluate, and share creative and innovative ideas to advance suicide prevention efforts globally.



Research Demonstration Project

The Roots of Hope Research Demonstration Project (RDP) in 2018–2022 studied the model's implementation in seven communities,¹ assessing its feasibility in various contexts to reduce suicide and its impact. The RDP aimed to inform best practices for applying the model in communities and to identify promising practices that could be adapted to meet the needs of unique population groups. A third priority was to make recommendations for its further refinement.

Participating communities and project governance

The eight research demonstration project participants were located in communities throughout the country:

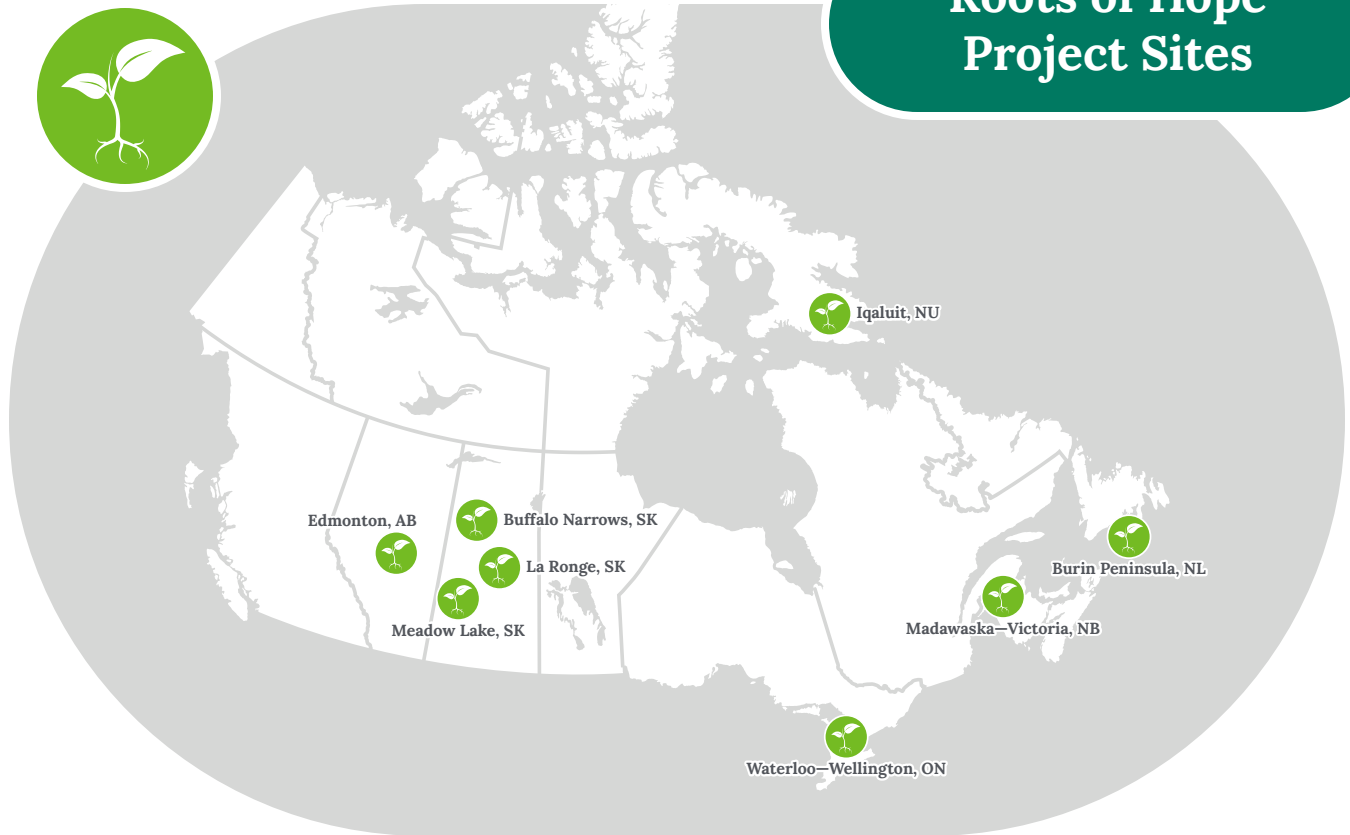
- Newfoundland and Labrador (Burin Peninsula, in collaboration with Eastern Health)
- New Brunswick (Madawaska-Victoria, in collaboration with Zone 4 in the province's Vitalité Health Network)
- Saskatchewan (Meadow Lake, Buffalo Narrows, and La Ronge, in collaboration with the provincial Ministry of Health)
- Alberta (Edmonton, in collaboration with the City of Edmonton)
- Ontario (Waterloo and Wellington, in collaboration with the Waterloo Region Suicide Prevention Council, the Canadian Mental Health Association [Waterloo Wellington], and Wellington County)
- Nunavut (Iqaluit, in collaboration with the territory's Department of Health).

These communities represented a variety of contexts and realities (e.g., urban, rural, and remote; varied population sizes and densities; high variability in population groups, such as immigrant, refugee, Indigenous, and visible minorities).

¹ While there were eight communities in all, Buffalo Narrows and Iqaluit were not part of the RDP evaluation due to the early stages of their Roots of Hope journeys. In addition, the Waterloo and Wellington community was evaluated separately because it devised distinct assessment strategies, undertook individual activities, and furnished different information.



Roots of Hope Project Sites



“For us, it was exciting to be a part of a national project and get the opportunity to walk beside communities that are at different stages of the work and learn, share, grow, struggle, and celebrate.”

Cecilia Marie Roberts

Waterloo and Wellington Community Suicide Prevention Projects Manager

The MHCC served as the project coordinator and funded the principal investigator’s (PI’s) evaluation work. The MHCC also helped participating communities connect with one another through a community of practice (CoP), ensuring additional resources as they were providing guidance and direction. This CoP network brought together coordinators, researchers, and other regional stakeholders involved in suicide prevention initiatives. The PI also initiated a CoP for community researchers, which included a specialized website and in-person research gatherings to create the evaluation protocol (prior to the COVID-19 pandemic).



Communities funded their implementation efforts independently, including suicide prevention initiatives, the creation of community coalitions, the hiring of full-time community coordinators as well as community researchers, and collecting data at the community level.

Collaboration — Madawaska-Victoria, New Brunswick

This project team collaborated with the N.B. branch of the Canadian Mental Health Association to develop a mindfulness program for men ages 35 to 65. After they identified this population as a high-risk target in their community, they set out to develop specialized supports.

The Roots of Hope model allows communities the autonomy and adaptability to collaborate with a broad range of agencies to reach common suicide prevention goals.

The PI's national research office determined the overall evaluation approach and guided communities' data collection efforts. Roots of Hope initiatives did not supersede existing activities or provincial suicide prevention strategies. The project's commitment to a community-based and decentralized approach resulted in a great diversity of implementation strategies and the activities under each pillar.

Evaluation approach

The evaluation plan used implementation research (IR) to understand the Roots of Hope model's effectiveness for reducing suicidal behaviours and the negative impacts of suicide and to summarize lessons learned regarding its equitable development and application in different contexts. As a branch of implementation science, IR is the study of “methods to promote the systematic uptake of evidence-based [interventions and policies] into routine practice” (p. 1), with a focus on identifying and addressing the barriers and facilitators of successful implementation.²

² Eccles, M.P., & Mittman, B. S. (2006). Welcome to implementation science [Editorial]. *Implementation Science*, 1, Article 1 (2006). <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-1-1>



The Roots of Hope evaluation, designed to assess and understand implementation activities on suicide prevention in various communities, consisted of four parts:

Part I. Baseline data: Situational analysis

The PI and his evaluation team conducted a situational analysis to assess the need for the Roots of Hope demonstration project in the pilot communities. These included identifying populations at greater suicide risk, community resources, strengths, local challenges, and other conditions. The analysis also involved evaluating various information sources, including data from police, coroners, municipal and provincial surveys, census reports, Statistics Canada, Canadian Institute for Health Information documents and agency reports, and information obtained from key informants.

Part II. Implementation evaluation

In this phase, the PI and his team identified various process indicators. These included dosage,³ coverage,⁴ conformity,⁵ facilitators, barriers, quality, and equity, among others.

Part III. COVID-19 situational analysis

Here, they analyzed several aspects of the pandemic's impact and each community's adaptations to it, including changes in social determinants of health, health-care systems, and community resources.

Part IV. Measuring outcomes

In the last phase, they measured the project's outcomes in relation to mental health by examining several indicators. These included stigma, attitudes, changes in knowledge, treatment gaps and inequities, help-seeking behaviours, and quality of life.

They used a theory of change and evaluation model throughout the pilot period to assess activities in each of the pillars and help clarify the viability of Roots of Hope implementation.

3 How sufficiently activities or services were delivered ([see Table 1 in the full report available upon request](#)).

4 The degree to which recipients benefited from an intervention ([see Table 1 in the full report available upon request](#)).

5 The extent to which an intervention was implemented as designed ([see Table 1 in the full report available upon request](#)).



While each community was considered individually, the PI and his team synthesized the results across participating communities to identify common themes and trends. Doing so enabled them to discern whether these communities had the potential to reduce suicidal behaviours and the negative impacts of suicide on bereaved families and friends, as well as on the broader community. It should be noted that the implementation period was extended by an additional year due to delays caused by COVID-19.

Both qualitative and quantitative data were collected to obtain a comprehensive understanding of the model's implementation. The range of data sources used included standardized questionnaires, community surveys, focus groups, and interviews with coordinators, stakeholders, key informants, service users, and people with lived and living experience. The PI office also analyzed documents and common national data on the evaluation of training activities, changes in media reporting, and the incidence of suicidal behaviours.



Summary of Findings

In considering the results of the evaluation, it is important to note that its aim was not to compare individual sites or assess the performance of individuals or organizations providing services. Instead, the objective was to analyze data across sites to assess the overall implementation of common activities within each pillar of action to better understand the influencing factors in different contexts.

Roots of Hope as a model and framework.

The evaluation confirmed that Roots of Hope was perceived as a valuable and useful framework for developing a community suicide prevention strategy. Its results indicate that, in all communities, the adoption and implementation of Roots of Hope resulted in a significant increase in the readiness to implement suicide prevention activities and, in some cases, the number of new suicide prevention activities that were implemented.

The Roots of Hope model, as categorized in its 5 pillars, was universally found to be useful and appropriate for identifying areas of possible actions in suicide prevention. Implementation coordinators reported that, by having the pillars, they were able to plan activities for each of them, which ensured that their programs and activities were comprehensive. Relationship building and the importance of community mobilization were also reported as crucial facilitating elements for the successful implementation of the model.



Collaboration – Waterloo and Wellington, Ontario

Waterloo is an urban community of about 625,000 people, and Wellington is an adjacent rural community with a population of around 90,000. While differences in target populations might have led to certain challenges, the Roots of Hope pillars aligned with suicide prevention initiatives taking place in both communities. That common ground turned into a natural opportunity to collaborate and incorporate a rural and urban approach to suicide prevention initiatives.



Creating connections and fostering collaborations.

One of Roots of Hope's most impactful and evident features was its ability to promote collaborations among communities and stakeholders, resulting in increased suicide prevention activities in areas previously lacking a strategy. The model fostered connections across different sectors, engaging both community members and provincial health departments. Roots of Hope was an important catalyst that resulted in increased community involvement in suicide prevention activities.

The Roots of Hope CoP provided the communities with access to information and resources while creating a space for collaboration and the exchange of knowledge about suicide prevention. The MHCC also organized quarterly meetings to encourage dialogue among participants, which enabled them to discuss challenges and solutions, introduce best practices, and monitor the progress of the project. In addition, these meetings allowed participants to share information on upcoming events, webinars, and other relevant updates. Fostering a sense of community and collaboration helped ensure the success of Roots of Hope.

From this success, the MHCC launched Canada's first national Roots of Hope CoP, focused on community-led approaches to suicide prevention and life promotion.

Implementation.

The following facilitators were key to the successful implementation of the Roots of Hope RDP:

- good communication and collaborations with all the essential community organizations and stakeholders concerned with suicide prevention
- sufficient resources, including more formal support from the health-care system at local and provincial levels
- a data-sharing agreement that was acceptable to all parties involved (for the evaluation research)
- good leadership at the local level

Overall, the level of community resources had an influence in terms of scope and impact: those with fewer existing resources and services implemented fewer activities.




A close comparison of planned versus implemented activities showed that, while planned activities were ambitious, what was implemented was less than the original expectations. This outcome was due to capacity and resource limitations, inadequate funding, coverage, dosage of activities to the whole population and target populations, and complications associated with the COVID-19 pandemic. Consequently, Roots of Hope has the potential for successful implementation with the right resources in place.

The question of whether Roots of Hope was implemented equitably was also a primary concern. Yet there was a lack of specific data on ethnic-racial status, the rural-urban mix of clients and help-givers, socio-economic status, and other variables to assess equity. It is important to note that all sites made a conscious effort to include persons with lived and living experience with suicide and mental health concerns in their activity planning.

The pillars


The following summary of the RDP evaluation presents the results according to each of the model's 5 pillars.

Means safety



Roots of Hope communities implemented a total of 10 means-safety activities, which focused on limiting access to prescription medication and enhancing home safety. Only three (with a limited number of participants) were assessed. Despite methodological constraints, these communities reported that the activities met the requirements of individuals who received the safety information.

Public awareness



Participating communities carried out 24 awareness campaigns. While the chosen methods varied, the activities included men's health campaigns, awareness walks, and community presentations. The evaluations provided limited data but did suggest signs of positive change in terms of increased awareness of suicide as a preventable behaviour, better knowledge of risk factors and warning signs, and improved familiarity with the resources available to support individuals experiencing suicidal ideation.



Research

This element entailed devising an evaluation research strategy and using it to assess implementation of the Roots of Hope model. While resource constraints led to only partial utilization, the plan, evaluation model, theory of change, and (many) evaluation instruments were developed that could benefit future assessments of Roots of Hope and similar community suicide prevention initiatives.



Specialized supports

Communities implemented 23 activities to target populations, including people bereaved by suicide, students, and people at risk of suicide. The most frequent types of support were coordinated planning, access to services, and support groups. The available data suggests that they were successful in achieving their objectives. In future, more administrative data should be gathered to determine whether accessibility issues prevent segments of target populations from accessing these services.



Training and networks

With the several training opportunities communities offered, there was a consensus that standardized products purchased through reputable third parties and provided by the MHCC were helpful. The available data suggests that participants were generally satisfied with the quality of the training received and that it increased their knowledge and confidence in applying their newly learned skills.

“Because this is a problem both in First Nation communities and non-First Nation communities, the work that we’re doing together to try and solve this problem really gives feet to reconciliation.”

Anne Duriez

Meadow Lake Community Coordinator



Challenges and Future Considerations

During the project, communities encountered unexpected challenges and learned many important lessons. The variations in the evaluations and assessments conducted in the different communities limited the ability to compare and combine data across sites and fully determine the level and quality of implementation (and other associated factors), equity issues, and short-term outcomes. Moreover, the project results highlighted the need for further research to better understand the overall impact of the Roots of Hope model.

Future research should include more comprehensive evaluation and assessment resources; for example, more in-depth information on services and activities provided through the model, the impacts of its activities and initiatives, and participant feedback.

Limitations

The project's most notable limitation was the difference in resources allocated across communities and for Roots of Hope activities. This disparity may have affected its ability to adequately respond to community needs.

Another limitation was the insufficient evaluation across sites, which made it hard to determine if the scope and intensity of efforts for each pillar were adequate to address community needs and if the activities provided were equitable, at appropriate dosages, and with sufficient coverage. Retrospective post-test assessments made it difficult to confidently determine whether significant changes in attitudes, knowledge, or skills had occurred after training activities took place.

Despite the good level of conformity in implementing a comprehensive range of actions, the lack of data on participants' characteristics for each activity made conclusions about equity, coverage, and adequacy difficult.

In addition, communities reported that suicide indicator data, such as deaths, attempts, and hospitalizations, were the most difficult to access due to delays in coroners' reports and strict data confidentiality requirements in small communities. To address confidentiality limitations, some communities had to obtain suicide data for larger health regions rather than their local area. The lack of complete data on



suicidal behaviours reduces the chance of understanding the context of the program's implementation, identifying higher-risk groups to target, and assessing changes in these behaviours over time.

Overall, these limitations strengthen the case for having better and more timely access to suicide data, which communities could use to make informed decisions. They also highlight the importance of integrating research and evaluation as implementation is being planned. Doing this would allow evaluation objectives to be well understood and enable the collection of appropriate data during implementation to inform future investment. The limitations further reinforce the need to invest in resources to fund suicide prevention interventions – as well as their evaluations.

The impact of the pandemic

COVID-19 has had a significant impact on mental health in Canada. The stress, uncertainty, and economic and social disruption it brought have led to increased levels of anxiety, depression, and other mental health concerns. These have been further compounded by isolation and social distancing measures, which have made it more challenging for people to access the support services they need.

“COVID-19 was probably our biggest challenge over the last few years, but it also created some opportunities, so programming that was not virtual before became virtual, and that is something we will continue doing moving forward.”

Cecilia Marie Roberts

Waterloo and Wellington Community Suicide Prevention Projects Manager

Roots of Hope implementations were also greatly affected when pandemic began in early 2020. Before the outbreak, many mental health and other related supports were being offered in person, but the pandemic required communities to develop virtual methods of service delivery. While the Roots of Hope program's virtual format (including virtual training and outreach) initially strained its implementation, in some communities the shift may have allowed more people to participate. From a research perspective, COVID-19 eliminated the possibility of obtaining in-person evaluation data from participants, despite attempts to do so using online methods.



Future recommendations

- The adoption of the Roots of Hope model should be encouraged across Canada. It results in increased community mobilization and readiness to implement evidence-based suicide prevention activities recommended by national and international health and mental health organizations. With better funding and clear implementation targets from the outset, future communities should have a greater effect on the incidence of suicidal behaviours and the impact of suicide.
- Having a variety of diverse stakeholders, including people with lived and living experience, in the planning, implementation, and monitoring of Roots of Hope is essential and should be encouraged and facilitated.
- Enhancing the overall evaluation capacity in Roots of Hope communities is vital for ensuring that target populations can be identified and the issues of coverage, dosage, equity, and conformity can be assessed.
- Support from the MHCC (or similar organization) is needed and much appreciated, particularly for providing communities with opportunities to share information in a CoP setting.
- A coordinated approach – before implementation begins – is very important for ensuring that necessary data-sharing agreements are put in place between various agencies across Roots of Hope communities. Such agreements support the planning and collection of appropriate data.
- Further evaluation research is needed to help guide the choice of activities that best serve the needs of different populations in specific contexts. The evaluation model must carefully balance standardization and common approaches and methodologies, on the one hand, against evaluations tailored to the unique activities each site has chosen, on the other.
- Long-term assessments of the outcomes and impact of Roots of Hope should be undertaken, including the program's effect on suicidal behaviours and factors associated with maintaining its activities after the initial demonstration phase.



Conclusion

The results of the project strongly support the conclusion that the Roots of Hope model is promising as a tailored, made-in-Canada solution to an exceptionally complex problem.

The evidence demonstrates that using the model accelerated the expansion of evidence-based suicide prevention practices in a variety of different communities. Collaboration through its community of practice (CoP) was also identified as an important support for local initiatives. CoP meetings allowed stakeholders to learn from one another and share best practices, which can be especially important when mental health resources are limited. Data collected from case studies suggest that the Roots of Hope model is perceived as reducing stigma and increasing public awareness about suicide. Additionally, the model supported the use of research and innovation in suicide prevention by facilitating connections and promoting collaboration among professionals, researchers, and other stakeholders.

“I think that it is a beautiful made-in-Canada model that works for the people because it’s receiving input from the people. [As] a made-in-Canada, nationwide project . . . the model is close to perfect when it comes to meeting the needs of the people.”

Denika Ward

Burin Peninsula Community Suicide Prevention Coordinator



While the pandemic affected the implementation of many community activities, the evidence indicates that Roots of Hope provides a flexible framework to promote collaborative approaches to suicide prevention. This includes engaging the community at large in various initiatives, programs, and services to prevent suicide and suicidal behaviours, including their effects on others. Additional long-term studies on the impact of Roots of Hope could further assess its outcomes and sustainability.



While the project did not see significant change in suicide rates in participating communities, such population changes take many years to observe. More research would advance our understanding of the model's ability to reduce suicide and suicidal behaviours. This would build on the work already completed and identify the most effective and equitable approaches. Without ongoing research, we risk stagnation and the chance to identify important discoveries and breakthroughs. The mindful integration of research and evaluation with implementation helps ensure that the practices being used are evidence based and grounded in sound science. Overall, additional Roots of Hope research would strengthen our confidence that the program is well-suited to meet the needs of communities, prevent suicide, and to continue making progress toward a healthier population in Canada.

Contributors

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Without all of you, Roots of Hope would not be possible.

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- Canadian Mental Health Association, Waterloo-Wellington
- County of Wellington

Saskatchewan

- Jodi Yanko, Community Program Consultant, Saskatchewan Ministry of Education
- Chad Sayers, Director, Mental Health and Addictions Services, Saskatchewan Health Authority
- Dr. Stephanie Young, Physician Executive, Integrated Northern Health, Saskatchewan Health Authority
- Kimberly Kratzig, Deputy Minister of Social Services, Government of Saskatchewan
- Andrew McLetchie, Vice-President, Integrated Northern Health, Saskatchewan Health Authority

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