



Mental Health
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Roots of Hope

A Community Suicide
Prevention Project



Roots of Hope Case Studies

Spotlight on Sooke–West Shore, British Columbia

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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 SOOKE EARLY ADOPTER COMMUNITY

The Sooke-West Shore region of Vancouver Island includes a collection of municipalities just outside Victoria. Being a bit more affordable than Victoria proper, it often attracts young families and others who are seeking a lower cost of living. As such, the population in this region is rising rapidly. Langford, for example, is the fastest growing municipality in B.C. and the third fastest in Canada.

Unfortunately, the service infrastructure in Sooke-West Shore is not yet keeping pace with the demand for mental health and substance use services. Alongside rapid population growth, the challenges of COVID-19 have reduced the community's capacity to respond to mental health concerns, including disclosures about thoughts of suicide. Service providers, community members, and people with lived and living experience (PWLLE) report that stigma around

suicide is highly prevalent in the community, with many people not knowing how to respond when someone discloses thoughts of suicide.

For these reasons, the B.C. division of the Canadian Mental Health Association (CMHA BC) chose to work with the community to implement the Roots of Hope model. At the outset CMHA BC brought together an interdisciplinary team of more than 50 individuals living and/or working in the region. This included representatives from non-profit organizations, government services, the school district, local first responders, and community members who identify as PWLLE. The project began with a community needs assessment, followed by a community-led action plan, which it is now focused on implementing



COMMUNITY ACTIVITIES AND ACHIEVEMENTS

1. Specialized Supports Community of practice for front-line service providers.

Through interviews with community stakeholders, the CMHA BC team identified a number of major challenges in the Sooke-West Shore area. These included (1) a lack of communication between service providers, (2) a shortage of space-related infrastructure, (3) insufficient capacity to meet demand, and (4) staff burnout and turnover.



Community stakeholders suggested that a community of practice (CoP) for front-line service providers could help address these concerns. The goal was to create space that would enable them to connect with others from various sectors that were doing similar work; share knowledge, the latest research, resources, promising practices, and other B.C. initiatives; and participate in shared training opportunities.

By bringing people together in person over a meal, they also hoped the CoP would encourage a sense of community and connection, which could in turn help combat the burnout and isolation many people were experiencing. The first meeting in November 2022 was a huge success. Not only was it well attended, many new connections were made.

Attendee quotes:

“Excellent opportunity to connect. I look forward to the future of this CoP.”

“It was so great to meet the people at my table, share our contact details, and realize all the ways that we can support each other.”

“This was fabulous! I really enjoyed meeting all the new people and hearing what everyone does in and for the community.”

2. Training and Networks **safeTALK and ASIST.**

At the outset of this initiative, many community members did not feel well equipped to respond to someone who was having thoughts of suicide.

To address this need, the team organized a series of Applied Suicide Intervention Skills Training (ASIST) and safeTALK courses. Since June 2022, CMHA BC organized seven safeTALK and five ASIST trainings (including an ASIST for school counselling staff). Because most were open to anyone, the trainings drew a diverse and multi-disciplinary group of participants.

Attendee quotes:

“This training was amazing! So thorough and inclusive.”

“I am so glad to have taken this course! I used to be so worried about saying or doing the wrong things, but I now feel equipped to help with suicide prevention.”

“At the start of the training, I couldn’t even say the word ‘suicide,’ but by the end, I felt so much more comfortable with topic. Thank you!”



3. Public Awareness **Mindset media training.**

The team was grateful to be hosting a Mindset: Reporting on Mental Health and Suicide workshop, in partnership with the MHCC. The workshop is open to journalists, reporters, and other media/communications personnel and seeks to teach participants how to report responsibly on mental health and suicide. After seeing this workshop fill up in just 48 hours, CMHA BC and MHCC hope to host a second session in 2023.



4. Specialized Supports

Suicide bereavement support group.

In conjunction with the Pacific Centre Family Services Association, a local community health centre, CMHA BC set up a support group for adults who have lost a loved one to suicide. While other suicide bereavement groups exist on Vancouver Island, many are geographically far from Sooke-West Shore, virtual, or have a cost. This free, more easily accessible, in-person group now runs once a month in West Shore.

Attendee quote:

“Now that this group is close to home, I’m finally able to attend. It has been so validating to talk to other people who really understand what I’ve gone through.”



COMMUNITY IMPACT

1. The CoP has led to improved connections between service providers, including multiple conversations where service barriers have been resolved. For example, two agencies were having issues due to a logistical difficulty. After both of them sent staff to the CoP, they were able to discuss this concern in real time and come up with a workaround. The support group also helped the community create a new suicide postvention service in Sooke-West Shore. Despite the fact that many suicide deaths in the Greater Victoria area occur in Sooke-West Shore, there were very few postvention resources available. As a result, many bereaved families and loved ones were not accessing postvention services. Those who were had to commute into Victoria to access services. The new support group is well attended and well appreciated by area residents who have lost a loved one to suicide.
2. Through the many training opportunities (ASIST, safeTALK, Mental Health First Aid, Mindset, Face2Face with Stigma), CMHA BC has been able to disseminate knowledge to our community. Post-workshop feedback surveys suggest that participants feel better equipped to support people with thoughts of suicide (and/or other mental health challenges) after taking these workshops. The team also anecdotally heard from participants about how they've used the skills they learned to improve client outcomes at work.





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