



**Canadian Psychological Association Supports
National Action on Suicide
October 4th 2011**

The Canadian Psychological Association (CPA)ⁱ **supports a call for national action on suicide.** Suicide is the second leading cause of death among youth and reaches its highest rates in middle and even later life. The personal and societal costs of suicide are inestimable.

Suicide is a behaviour that is most often associated with a mental disorder like depression. As is the case for many mental health problems and disorders, there is no single cause that predicts it or a single intervention that prevents it. **Suicide results from many and complex biological, psychological and social factors and successful national action on suicide will need to comprise them all.**

In the view of the CPA, there are two very significant factors that stand in the way of persons with mental disorders and suicidal thoughts and behavior getting the help they need. The first is the **stigma** attached to talking about suicide and mental disorders. Being listened to and supported when talking about it will help ensure that a person in distress seeks out the professional help he or she needs. The second is the **inaccessibility of mental health services and supports** in Canada. Even those who ask for help may not receive it - often because it is not funded, or is underfunded, by public and private health insurance plans.

Psychologists are the country's largest, regulated group of specialized mental health service providers. Psychological services are not funded by public health insurance plans and are underfunded by private health insurance plans. With cuts to the salaried mental health care resources of hospitals and schools, the needs of those with mental health problems are just not being met.

Action that charts a course for suicide prevention in Canada must address the factors that put people at risk and promote the factors that protect them. This will require attention to social policy, health promotion and prevention programming, public education and to creating parity between mental and physical health care services in Canada. **Canadians should not have to wait until it is almost or too late to get the health services they need. Canada's health depends on them.**

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Facts and figures

- 3750 deaths by suicide in Canada annually¹
- Suicide rates in Canada in 2007 were 11 per 100,000 for all ages and both sexes²
- Suicide is second to unintentional injury as the leading cause of death for those aged 15 through 35³
- The highest rates of suicide for both sexes (15-18 per 100,000) occurs in mid-life (ages 45 to 55) and for men also in late life (ages 80-89)⁴

Who is most at risk?⁵

- Youth
- Older adults, particularly men (23-24 per 100,000 ages 80-89)⁶
- Inmates in correctional facilities
- Inuit peoples and peoples living in the North (60-75 per 100,000)

What can put someone at risk?

- More than 90% of suicide victims have a diagnosable mental disorder⁷. Suicide and suicide attempts are behaviours and not disorders in and of themselves.
- History of sexual abuse or trauma
- Recent attempt or death by suicide of friend or family member
- Isolation
- Stress
- Family violence
- Substance abuse
- Major physical illness
- Job or financial loss
- Relationship loss

¹ <http://www.suicideprevention.ca/>

² <http://www.statcan.gc.ca/pub/84-215-x/2010001/tbls-eng.htm>

³ <http://www.statcan.gc.ca/pub/84-215-x/2010001/tbls-eng.htm>

⁴ <http://www40.statcan.ca/l01/cst01/hlth66a-eng.htm>

⁵ http://www.ontario.cmha.ca/fact_sheets.asp?cID=3965

⁶ <http://www.statcan.gc.ca/pub/84-215-x/2010001/tbls-eng.htm>

⁷ http://www.ontario.cmha.ca/fact_sheets.asp?cID=3965

What might protect you?⁸

- Access to services and supports (mental healthcare, social services, housing)
- Self-confidence
- Family relationships
- Support for seeking help
- Hopefulness
- Meaningful employment
- Problem and conflict resolution skills
- Faith and spirituality
- Restricted access to lethal means of suicide
- Social relations and connectedness

What are the signs and signals to look for in someone with suicidal thoughts or intention?

- Change in behaviour, social withdrawal, change in eating habits, pre-occupation with death, giving away possessions of value
- Other symptoms of depression such as sleep disturbance, feelings of sadness and guilt, loss of pleasure in activity

What can individuals, families, communities and societies do about it?

- Suicide is a multi-determined problem that requires a combination of biological, social and psychological solutions
- Recognize the signs and signals. These may occur at times of transition (e.g. autumn has been called the suicide season for youth)
- Know that those with suicidal thoughts are in pain. They don't necessarily want to die but want their pain to stop.
- Talking about suicide openly and calmly with someone who has suicidal thoughts can bring relief and reduce risk
- Many or most people will have suicidal thoughts at some point in their lives⁹. It is very important that people learn effective strategies to cope with the stress and conflict that inevitably arise throughout life
- Address risk factors through education and through health and social policy at societal and organizational levels
- Enhance access to mental health services and supports so that problems can be identified and help offered early

⁸ <http://www.ospn.ca/strategies/Hamilton%20Strategy.pdf>

⁹ http://www.ontario.cmha.ca/fact_sheets.asp?CID=3965

Why is action necessary? Because suicide costs...

- Approximately 2.5 million people in Canada are affected by suicide-related behaviour annually¹⁰
- Suicide is the second leading cause of death for youth¹¹
- Costs of suicide and suicidal attempts are inestimable in their effects on individuals, families and communities
- Average direct and indirect costs per suicide in Canada are estimated at \$850,000¹²

Where do we start?

- The **Canadian Association for Suicide Prevention (CASP)** called for a strategy in 2002, developed a **Blueprint for a National Suicide Prevention Strategy** in 2004 and revised it in 2009¹³
- CASP describes its document as a strategy, a policy agenda, a national task list, a tool for identifying promising and best practices, a roadmap and a solution – the goal of which is to prevent suicide and provide assistance to those who have been impacted by it.
- The CASP strategy has been used in the development of strategies developed in Alberta and Nova Scotia.¹⁴

What are some concrete steps for action?

CPA supports inclusion of the following basic components consistent with those detailed in the CASP strategy.

- **Public education, awareness and stigma campaigns**
 - create a mentally healthy citizenry through public education and health promotion. Help people acquire the psychological skills that will enable them to live well in health and with illness.
 - increase the mental health literacy of Canadians
 - support people in seeking and obtaining mental health help
 - target populations at risk through policy and education
 - Media training on suicide

¹⁰ <http://www.suicideprevention.ca/>

¹¹ <http://www.statcan.gc.ca/pub/84-215-x/2010001/tbls-eng.htm>

¹² <http://www.suicideprevention.ca/>

¹³ <http://www.suicideprevention.ca/>

¹⁴ Harkness, K. (in press). Mood disorders and suicide. In D. J. A. Dozois (Ed.), *Abnormal psychology: Perspectives* (5th Edition). Toronto: Pearson Canada.

- **Services and support**

- address social determinants of mental health through policy and programs
- make treatment, services and supports accessible for mood and other mental disorders so that problems are identified and help offered early
- create parity between mental and physical services and supports covered by public and private health insurance plans
- support the development of guidelines for the evidence-based assessment and treatment of suicidal behaviour
- Coordinate crisis line support and service across Canada and evaluate their effectiveness
- Followup and follow through so that prevention, intervention and postvention is available for problems related to suicide

- **Research**

- Create a national suicide research database
- Fund research into the biopsychosocial determinants and treatments of suicidal behaviour so that we can better understand and address conditions of risk for individuals and their families.

ⁱ About the CPA

The Canadian Psychological Association is a not for profit professional association with over 6700 members. It was organized in 1939 to improve the health and welfare of all Canadians; promote excellence and innovation in psychological research, education, and practice; and promote the advancement, development, dissemination, and application of psychological knowledge.

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