

*Committed to the Reduction of
Suicidal Behaviour and its
Impact on Individuals, Families
and Communities*



Waterloo Region
Suicide Prevention Council
www.wrspc.ca

**NEWSLETTER
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Skills for Safer Living Program

Written by Colleen Pacey, Skills for Safer Living Coordinator

Five years ago a suicide intervention program that was developed at St. Michael's hospital in Toronto was introduced to the Waterloo Region by CMHA/Self-Help as a community-based program. This unique program, known as Skills for Safer Living, is a 20-week psycho-education and support group facilitated by staff who have both a clinical background and lived experience with mental health issues, and is delivered using a peer-based approach. To date, more than 20 groups have been completed in the Kitchener, Cambridge and Guelph areas, as well as three groups hosted by Wilfrid Laurier University geared specifically to the post-secondary student population.

The latest iteration of this program has been to expand its scope to adolescents. To that end, two different groups were introduced this year – one for senior high school students (17 to 18 years old) which wrapped up in May, and one for younger adolescents (13 to 16 years old) together with a concurrent group for their parents, that will be completed in mid-June. This last group for younger teens and their parents is a pilot project between Lutherwood and CMHA and was condensed to 10 weeks.

According to feedback provided by the senior high school group, Skills for Safer Living was very helpful in providing skills and strategies to choose safer options in times of distress as well as in fostering a supportive environment by both fellow participants and group facilitators. One of the recurring themes from the feedback was how validating it was to have facilitators with lived experience who related their own

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challenges and use of the skills.

Although the group for younger adolescents and their parents is still underway, interim feedback is very positive. Angela Weber-Thompson, a Lutherwood facilitator for the adolescent group, relayed that "It's been incredible to watch the youth benefit from the support of their peers and to witness their 'aha moments' as they've learned new skills and gained fresh perspectives." The parent group not only provided psycho-education on self-harm, suicidality and mental health issues as well as skills being taught to their children, but also parenting skills, resources and peer support from fellow parents. One of the most powerful aspects of the parent group – a theme that has been repeated weekly in the feedback provided – is that "I am not alone in this situation" and "I'm able to talk about issues with other people who can really relate".

Skills for Safer Living is very excited about expanding our program to the adolescent population, as we are not aware of any similar initiatives being offered anywhere else in Canada. Another Skills group for senior high school students will be offered in the Fall of 2016. If you are interested in attending this program you can call the Skills line directly (519-570-4595 x4063) or Here 24/7 (1-844-437-3247).

Canadian Association for Social Work Education

by Stephanie Meek

I am a friend, I am a student and my life matters... and the individuals I work with their life matters too! As social work students we have to be prepared to support individuals at our placements. Upon graduation we must enter the work field prepared to break the stigma around suicide. Renison University College students Natasha Ekelman (Full-time MSW), Marielle Tye (Full-time BSW) and Stephanie Meek (Part-time BSW) presented at the Canadian Association for Social Work Education (CASWE) conference in Calgary this past week.

As a collective voice all three presentations urged for social change that starts at the BSW level. We discovered that one way we could create change would be by addressing the need for social work students across Canada to have proper suicide prevention training.

Marielle Tye educated conference attendees about Renison's Advanced Macro Course. She focused on the social action project which is an assignment that challenges students to think about innovative ways to create change in their local community.

Natasha discussed how the social change project she was in led her group running a suicide awareness event on campus, engaging students and faculty to "Talk About It" in efforts to reduce the stigma. In addition, her group advocated for Renison University College BSW students to be trained in ASIST.

In Stephanie's presentation, she explained how she took the ASIST training as a BSW student at Renison and how the students felt more prepared after taking the training. She explained what the training was and the importance of taking the ASIST training as a BSW student. Renison students went to the conference in Calgary with a mission: to raise awareness around the importance of MANDATORY suicide prevention training for all social work students across Canada.

Before the conference suicide prevention training was not mandatory for social workers in Canada. Providing social work students with the skills to talk about suicide is one way that the field of social work can contribute to the creation of suicide safer communities. The conference was a very exciting experience because the CASWE student committee brought forth the motion to the Annual General Meeting (AGM) that all programs across Canada should have mandatory suicide prevention training in their social work programs. The motion was passed! The highlight of the AGM was when members of CASWE thanked the student caucus for addressing the need of suicide prevention training in the field of social work.



Bereavement Support Groups

WRSPC continues to provide bereavement support groups in our community. The first is called the Side by Side Support Group, which is led by two fabulous volunteers who are both themselves survivors of suicide loss. This 'open' support group

is a mutual support group with other community members which focuses on learning to live with your loss in a supportive environment. The group takes place the fourth Wednesday of each month from 7:00 – 8:30. You simply need to register once through our partner Interfaith Community Counselling Centre by calling 519-662.3092 or emailing interfaith@golden.net then you can drop in as frequently as you like. Come every month; come just once a year, whatever you need. The registration process helps us ensure this peer led support group is appropriate for you during your journey of grief and does not take a lot of time. Despite the fact that you are calling an agency with the word faith in it and the group is held in a church community room with comfy chairs, snacks and refreshments, this group is not faith-based.

The second bereavement support group WRSPC hosts is called "Why? Support After a Suicide Loss." This group is nine weeks in length, with a reunion tenth week, and is what is referred to as a 'closed' group. This means that a set number of individuals will be in the same group with you from start to finish, and all have experienced a suicide death. Led by professional facilitators, this group provides a safe, confidential and non-judgmental place to share with others who are facing the unique challenges of traumatic grief after a family member or friend has died by suicide. You can call anytime and to speak to our counsellor Dena who will provide you details of upcoming groups and ensure you are matched in a group that is most appropriate for you. There are four groups offered each year in Waterloo and Wellington Regions with groups running in the spring, fall and winter. Many individuals who have taken this group have found that other members in the group become close friends since everyone 'gets you.' You can call Dena at 519-745-2195 to register or on our website at www.wrspc.ca.

Blue Jays Fundraiser

Volunteers, Paula Prong and Franz Henke, are organizing a WRSPC fundraiser on Saturday, August 13th. They are renting several coach buses and driving together to see a Blue Jays game! If you are interested in attending or supporting this fundraiser please contact them at:

ianprongbreakingthesilence@gmail.com

or look the event up on Facebook where you will find more information!

A promotional poster for a fundraiser event. At the top left is the Toronto Blue Jays logo. The main text reads: "Join us for a fun-filled day at the Rogers Centre cheering on our Toronto Blue Jays!!" Below this, it says "Saturday August 13, 2016". A central message states: "All proceeds to the Waterloo Region Suicide Prevention Council". To the right is a large image of a baseball with the text "Adult Ticket \$60 (Includes coach bus to and from the game)". At the bottom left is a small photo of Ian Prong with the text "Ian Prong - Breaking the Silence" and a short bio. At the bottom right, it says "For ticket information Email: ianprongbreakingthesilence@gmail.com".

Volunteer Appreciation Dinner

We had our Volunteer Appreciation Dinner last month at the Fork & Cork Grill in Kitchener where we celebrated 1,610 volunteer hours for events such as information booths, speaking events, tournaments, World Suicide Prevention Day, and much much more! To all of our dear volunteers, thank you!



Program Coordinator Update



by Kate Penner

It has been an honour and a privilege to have been the Program Coordinator for the Council this past year. My partner and I are relocating (to France!) for a year-long school program. To the many partners, volunteers, and individuals served by WRSPC thank you for making this experience such a valuable and meaningful one.

We are excited to announce our new Program Coordinator to you – Elisa Brewer-Singh! Elisa office joins us on July 4th after several years of working at Lutherwood and volunteering for the Council for My Life Matters Day, the Side by Side Support Group, as well as our “Why? Bereavement Group”. We believe that Elisa’s work experience, passion for the work of the Council, as well as her experience in being a WRSPC volunteer makes her highly qualified for this position as well as an excellent fit for the team and the Council.

Suicide Alertness Training for WRDSB Parents

This spring and summer WRDSB parents and guardians will have the opportunity to attend a 3 hour safeTALK suicide alertness training. This safeTALK training is part of the WRDSB Mental Health Strategy and the Waterloo Region Assembly of Parent School Councils. The training will be offered in collaboration with the Canadian Mental Health

Association and the Waterloo Region Suicide Prevention Council and made possible through the Ministry of Education Parents Reaching Out Grant. We are excited that this training will be from within in that the trainings will be delivered by a WRDSB staff member and a parent who are both trained in safeTALK.

My Life Matter’s Day

We were excited to host our 5th annual My Life Matter’s Day for the youth at Lutherwood this May. We brought in the



WAYVE team and mental health advocate, Nick Petrella, as our main speakers and then had a fun-filled afternoon with activities like zen-doodling, music therapy, body painting, and some animal therapy!

My Life Matters Family Skate



Back in December we held our annual My Life Matters Family Skate in Elmira. We had our highest number of skaters yet and were joined by many members of the Elmira Sugarkings Hockey Team who for the 4th year in a row have volunteered to come skate and be role models for the kids. We recognize that it is important to have conversations about suicide prevention in unlikely places, and so a skating rink certainly fits the bill!

We put up posters on the boards and the change rooms with life-promoting messages, had volunteers ready to sit down and talk with anyone if they needed it, and gave out My Life Matters stress-pucks!

by Tana Nash

What is the difference between suicide and physician-assisted death?

There has been much discussion and media coverage surrounding Physician Assisted Death and what does this mean in the efforts for suicide prevention.



Both the Waterloo Region Suicide Prevention Council and the Canadian Association for Suicide Prevention have been having these discussions at monthly meetings while staying versed in the documents themselves and keeping up-to-date on statements from professional organizations.

While often used interchangeably, these are two different issues that affect two distinct groups of people. Mara Grunau, Executive Director at the Centre for Suicide Prevention, believes that it would be disastrous if, by attempting to help Canadians seeking physician-assisted death, Canadians experiencing suicidality are further stigmatized.

“Distinguishing between these two populations with clarity of language is paramount,” says Grunau. “We want Canadians to understand the differences between these two issues so that the vocal minority, those seeking PAD, do not further eclipse the silent, thousands of Canadians in suicidal crisis each year,” emphasized Grunau. “Far more people die by suicide than by PAD yet PAD deaths are more widely covered in the media.” In Washington state, for example, there is 1 PAD death for every 7 suicide deaths.

CASP agrees and urged parliament to Provide education and clarification of the different meanings of the terminology currently in use, including:

- Suicide
- Euthanasia
- Physician Assisted Death (PAD)
- Physician Assisted Suicide (PAS)
- Medical Assistance in Dying (MAID)
- Dying with Dignity

This should include clear and concise definitions and criteria for Medical Assistance in Dying (MAID) in order to reduce the risk of confusing suicide with other end-of-life events.

Additionally, Past President Adrian Hill goes on to clarify what those being in the field that are helping to prevent suicides mean by the word suicide:

“To begin, we start with what we know: first we will examine suicide. We do this so that others can understand the nature of suicide. This is a difficult subject, fraught with pain and stigma. We hope to help people understand the need for suicide prevention and the tragedy of suicide. We think it is instructive to all of us to examine suicide by contrasting various salient aspects of suicide with the wider issues of assisted death and euthanasia. By doing this, we may achieve a better understanding, both of suicide and also of euthanasia and assisted death.

For us, suicide has a specific and limited meaning. In only specific cases would we be comfortable or even willing to describe a death as a suicide. For us, the word “suicide” is solely focused upon or limited to, killing oneself as a result of a tragic pathology that has temporarily overwhelmed the person and causes them to see the world and their own options in a distorted manner such that the person wrongly decides that killing themselves is the only solution or the best solution to overcome or otherwise deal with perceived problems, dilemmas or intractable pain.

If the death of a person does not fit into this limited group, then for us the death is not suicide, it is something else. It may be physician assisted death, or hastening death in the face of a terminal illness, or it may be euthanasia, or something else, but for us, it is not suicide. “

Hill continues, “Let’s stop for a minute and look at suicide from our point of view. Allow us to define a death by suicide from the result, backwards. Let’s look at the families, friends, colleagues, and others left behind after someone like we have described has killed himself. For us, we see those left behind experience bewilderment, anguish, complicated grief, overwhelming sorrow.

They tell us how the suicide death has left wounds that take years to heal and scars that remain forever. To a person, they say that they wish they had known or understood how bad things had gotten within the mind of the deceased. They say they would have done or given anything to intervene, to prevent their son or daughter, their husband or wife, their brother or sister, their employee or colleague, their teacher or neighbour from dying. They say they would have given anything to prevent their loved ones from killing themselves. These are the deaths we call suicide. These are the deaths we toil as CASP to prevent. These are the deaths we want to educate you about. These are the deaths we spend our energy and our spirits to stop.”

And nearly four thousand times a year in Canada, we fail. And for every one of these four thousand suicide deaths, there are families and friends and neighbours who experience bewilderment, anguish, complicated grief, and overwhelming sorrow that never seem to end. And people like us, try to help. People like us who have already known this bewilderment, anguish, complicated grief, and overwhelming sorrow. People like us who have lost a beloved person to suicide.

With this in mind, CASP also provided three additional recommendations:

1. Support for the implementation of a National Suicide Prevention Strategy.

To provide the appropriate balance, Physician Assisted Death should not take place without a key strategy for suicide prevention. Additionally, the six key recommendations of The Federal Framework for Suicide Prevention Legislation have not yet had an opportunity to be released. As the World Health Organization’s Report “Preventing Suicide A Global Imperative” strongly recommends, “a national suicide prevention strategy indicates a government’s clear commitment to dealing with the issue of suicide.” Providing Canadians with clarity between preventable suicides and physician assisted death is essential.

2. Ensure mental health resources are available and accessible to all Canadians.

While one of the recommendations of the report states "...to ensure that appropriate mental health supports and services are in place for individuals requesting medical assistance in dying." Yet Canada spends only seven cents out of every public health dollar (7.2%) on mental health. In fact, mental illness is one of the best predictors, more than poverty, of unequal access to health care.
 (<http://strategy.mentalhealthcommission.ca/the-facts/#sthash.hJLiKuNI.dpuf>.)

An increase in mental health resources and programs need to be in place so that services are available when individuals reach out for help in a timely manner; not when they feel they have no alternative. "Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being. Currently, that opportunity does not come equally".
 (<http://strategy.mentalhealthcommission.ca/strategy/reducing-disparities-and-addressing-diversity/#sthash.ePZU1y2X.dpuf>)

3. Ensure there are strong safeguards in place for those seeking Medical Assistance in Dying/ physician-assisted dying

The definition of "irremediability" is especially problematic and

What is the difference between Suicide and Physician-Assisted Death (PAD)?

I want to die.

Suicide	PAD*
suicidal people do not actually want to die, they want the pain of living to end	people seeking PAD want to hasten death, they want the suffering in dying to end
often impulsive, violent and carried out alone	often planned, peaceful and carried out in the presence of loved ones
leaves loved ones with devastating grief and a legacy of pain	a deliberate process including everyone involved
happens much more often than PAD Far more people die by suicide than by PAD, even where PAD is legalized. Suicide was decriminalized in Canada in 1972.	relatively infrequent In Washington State the ratio is 7 suicide deaths to each 1 PAD. Canadian legislation expected June 2016.

*Medical Assistance in Dying (MAID) is the terminology recommended by the Special Joint Committee on Physician-Assisted Dying. The Centre for Suicide Prevention does not have a formal stance on the PAD legislation, it is beyond the scope of our work.

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difficult when it comes to mental illness. For those with a primary underlying mental health diagnosis, or where the mental condition of the patient is an uncertain challenge, "a psychiatrist needs to be involved to do an appropriate assessment as soon as the request is made" (Canadian Psychiatric Association)

Emphasis on the possibility to withdraw a request of medical assistance to die. Ensure this right is properly communicated to patients and that the professionals who administer and support the end-of-life are aware of the ambivalence surrounding the death wish of individuals suffering.

Additionally, we have included the following infographic produced by our colleagues at the Centre for Suicide Prevention. While this infographic does not match the level of complexity that surrounds this issue, it does provide a visual snapshot of the differences between the two.

"Passion in Fashion" Show

On May 5th, Unique Boutique, owned and operated by the fantastic Gosia Jurgiel hosted a sold out fashion show with the proceeds supporting the WRSPC. It was a fun-filled night for an important cause. Gosia spoke eloquently about the struggles that so many face and how self-worth can really play into the way we perceive the world. The message that ran



as an undercurrent through the whole event was that it is important and necessary to be true to who you are, in so many ways, including our fashion choices! A definite highlight at the end of the night was when all the models closed the show wearing their 'My Life Matters' t-shirts! The t-shirts were such a hit that Unique Boutique is now stocking them at their store on 26 Young St. E. in Waterloo. Thank you to Gosia and everyone in attendance who together raised \$5,000 for suicide prevention programs and resources!



Managing Mental Wellness Conference

Although it seems like ages ago, WRSPC put on a conference in December of 2015 targeting employers looking to improve the mental health of their employees at work. 85 local employers from non-profit and business sectors attended our Managing Mental Wellness conference on Dec 1, 2015. The key message of Bill Wilkerson, our keynote speaker, was that employees are any organization's biggest and most important asset. Bill founded the Global



Business and Economic Roundtable on Addictions and Mental Health and challenged conference participants to consider employees as their biggest organizational asset. As the world shifts to a brain-based economy it makes sense for organizations to take employee mental health seriously for not only a moral reason, but also as it affects the bottom line. That week we were also excited to host a free evening presentation for the community about ways to protect your own mental health and ways to cope with stress in the workplace. Mental Health at Work has been one of the Council's key priorities for the past 2 years, and putting on this conference for local employers was part of our strategy to underscore this growing need as well as give employers the tools and know-how to implement programs and initiatives that will increase mental wellness at work.

Image source: www.mentalhealthcommission.ca

World Suicide Prevention Day - Sat., Sept. 10th, 2016



Planning has begun for this year's World Suicide Prevention Day on Saturday, September 10th.

This year we are excited to partner with Wilfrid Laurier University as well as the Mysterious Barricades Cross-Country Concert Series. This Cross-Country Concert is a new initiative organized out of Alberta who have helped to organize 13

different suicide prevention concerts from St. John's, Newfoundland beginning at sunrise on the east coast and finishing at sunset in Victoria, British Columbia. This year our event will be held on campus at Wilfrid Laurier University in Waterloo; we look forward to engaging and collaborating with a larger student and young person population for this year's events. The theme for this year is 'Connect. Communicate. Care' which we are excited about.

Another exciting development is that the International Association of Suicide Prevention has finally selected and

launched 'official' colours for suicide prevention awareness. The colours, yellow and orange, are indicative of a candle flame. This ties in nicely with "Light a Candle", a WSPD activity, as well as the candlelit walks that have taken place around the globe. The Canadian Association for Suicide Prevention (CASP) also believes orange and yellow colours illicit feelings of hope, like the dawning of a sunrise on a new day.

While the selection of colours may not seem like an important milestone, it really is an important opportunity for suicide prevention awareness efforts to be visually recognizable as well as for Suicide Prevention Organizations to unite globally through this shared symbol.

This year, CASP has partnered with the IASP to ensure these ribbons are distributed to as many suicide prevention coalitions and advocates as possible. Our goal for this inaugural year is to distribute 100,000 free ribbons across Canada!

Why 100,000? 100,000 signify how many deaths by suicide and suicide attempt there are every year in Canada. Each year, there is an average of 4,000 deaths by suicide. For every suicide, there are approximately 25 attempts. But together, we can become ONE.

One who wears a ribbon.
One who reaches out.
One who listens.
One who makes a difference.

Collectively, we can be one.

Messages of Hope to Attawapiskat

In response to the rash of suicide attempts by first people's in Attawapiskat, Ontario the Waterloo Region Suicide Prevention Council, the Canadian Association for Suicide Prevention and the Waterloo Region Crime Prevention Council partnered to create and distribute postcards with messages of hope that people can send via Charlie Angus, the MP for that region, to youth and community of Attawapiskat. The hope for this campaign is that we can let this struggling community know that there are many people that care about them and to not lose hope.

It will be important that we continue to send this message not only in times of emergency, but in times of success as well. CASP has also created a blank template postcard that can be sent to anyone, and that is available on their website:

www.suicideprevention.ca



Suicide Prevention for First Responders

There have been many positive developments of late in how suicide prevention and awareness has been framed as an issue for first responders; such as, police officers, firefighters, and emergency medical technicians (EMTs). First responders are at least twice as likely as the general population to suffer from PTSD, and that the condition results in more suicide attempts than all other anxiety disorders. We are proud that in our region the Waterloo Region Police Services has introduced a new program called 'Road to Mental Readiness' (R2MR) that was developed by the Department of National Defense in the US and had also been adopted by the Canadian Forces. It is a multi-component program, with a course for police employees and another for police leadership. Its goals are to improve short and long-term mental health outcomes as well as to reduce barriers to care (like stigma!) and encourage early access to care. R2MR also provides a helpful colour-coded model called the Mental Health Continuum that provides a framework for having a conversation about mental health.

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION	DEFINITION	DEFINITION	DEFINITION
<ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness 	<ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low-risk 	<ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher-risk 	<ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment
FEATURES	CAUSES	CAUSES	TYPES
<ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally, and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	<ul style="list-style-type: none"> Any stressor 	<ul style="list-style-type: none"> Life threat Loss Moral injury Wear and tear 	<ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse
	FEATURES	FEATURES	FEATURES
	<ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	<ul style="list-style-type: none"> Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame 	<ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment

In April the Government of Ontario passed legislation recognizing post-traumatic stress disorder as a work-related illness for firefighters, police officers, and paramedics. Under the old rules, first responders had to prove that their PTSD was related to their job to make it eligible for WSIB coverage. Rather, this new law assumes PTSD is work-related. This step will go a long way towards reducing the stigma associated with PTSD and other mental health concerns before it is too late. The Government of Ontario has also created an online resource built for first responders at risk of developing PTSD www.firstrespondersfirst.ca

Our 7th Bowlathon!

Our 7th Annual Bowlathon on April 23rd was a HUGE success!

With 32 teams bowling, we collectively raised \$49,054 for suicide prevention initiatives in our community. It was truly a community effort, with individuals and local businesses donating over \$13,000 in prizes!

This event and the enthusiasm people have for it continues to amaze us – often fundraising events like this have a “life span” but it is remarkable to see the excitement for the day grow year after year. We are so grateful for the MANY individuals and organizations that enter a team year after year, and were excited to welcome some new teams from Conestoga College, the Waterloo Region Crime Prevention Council, as well as Wilfrid Laurier University.



It was very meaningful and gratifying for us to see several members of our suicide bereavement groups come together to form a team, as they very eloquently put:

We came together through separate yet shared tragedy and united as one. Suicide has touched all five of us. [It has] motivated all of us to want to make a difference to those who feel the pain of depression. We cannot help everyone who suffers from mental illness and thoughts of suicide, but we will help some. In doing so we will save some parents, some spouses, some siblings, and some friends from the unyielding pain that we endure daily. Suicide has taken everything from us; our joy, our trust, our motivation and frequently our faith. It has scarred us immeasurably, yet it will not win. We have found the silver lining in the cloud of our tragedy in the friends we have made in this battle.

This fundraiser that runs year after year can only happen because of the dedicated and amazing group of volunteers that help the event to run so smoothly. A huge thank you goes out to them!



Why???

Suicide Let's Talk About It

Linda Bender Community Suicide Prevention Leader

As part of her role at the Canadian Mental Health Association Waterloo Wellington Dufferin, Linda coordinates and organizes our community suicide prevention training team. The team includes safeTALK and ASIST trainers, and a suicide 2 Hope trainer. Trainers on the team join us from a variety of community agencies and businesses. Linda develops the training schedule and ensures that trainers are scheduled into each workshop, including a back-up trainer if needed. Linda has been a Living Works ASIST trainer for more than 15 years. She is a long time member of the Waterloo Region Suicide Prevention Council (WRSPC), and is a compassionate and caring trainer who demonstrates a commitment to suicide awareness and prevention.



In 2014 and 2015 the training team provided safeTALK to over 1,000 participants with a total of over 3,500 training hours, and the team provided ASIST to almost 700 participants with a total of over 10,000 training hours. She has consistently provided leadership and guidance, planning workshops, sourcing locations, working with the community and promoting suicide awareness, prevention and education. Linda organizes trainer meetings twice per year and works tirelessly to ensure that our team remains strong and active in suicide education and prevention.

It is important for us to recognize Linda with the Living Works recognition award. She is an exemplary example of suicide prevention in action. Her work in the community on the WRSPC, as an ASIST trainer and as a training team coordinator is important; and assists in saving lives and in the building of a suicide-safer community.



Thank you Linda for all that you do for suicide prevention, and for your community.

Presentations And Events

WRSPC has presented in the following places:

- Stephen Ministries
- E-craftsman
- Conestoga College Counsellors
- Youth Social Venture Group
- Faculty of Social Work, Wilfrid Laurier University
- Several area High Schools
- Mental Health Shift Event, Wilfrid Laurier University
- Rotary Club Kitchener Westmount

WRSPC has been at the following events:

- Youthtalk! Conference
- Road to Mental Readiness training, Waterloo Region Police Services
- Minds in Motion Walk for Mental Health
- Family Fire Safety Day
- 911 First Responders Baseball Game
- Attiwapiskat Benefit Concert
- Smitty's Fine Furniture 'My Life Matters, My Home Matters' Event
- Working with Refugees Suffering from the Effects of Trauma

Upcoming Events

Mitchell Snider Golf Tournament – Saturday, July 9, Ayr

Reach out Awareness & Support Fundraiser – Saturday, July 9, Cambridge

Daniel Tudisco Golf Tournament – Thursday, August 11, Cambridge

Breaking the Silence Blue Jays Baseball Fundraiser – Saturday, August 13

Annual General Meeting - Friday, Sept 9. 8:30-10:15am, 285 Benjamin Road, Waterloo, ON

World Suicide Prevention Day – Saturday, Sept 10. 12-4:30pm, Wilfrid Laurier University *Note location change

CASP Conference – October 26-29, Iqaluit, Nunavut

Suicide Information and Awareness is Important - You Are Not Alone
www.wrspc.ca