



March 1, 2006

- Cambridge Memorial Hospital
- Canadian Mental Health Association, Waterloo Regional Branch
- Catholic Family Counselling Centre of Waterloo Region
- Community Care Access Centre
- Conestoga College
- Grand River Hospital
- Lutherwood
- Mental Health & Wellness Network
- Regional Municipality of Waterloo (Region of Waterloo Public Health)
- St. Mary's General Hospital
- University of Waterloo
- Waterloo Catholic District School Board
- Waterloo Region District School Board
- Waterloo Region Suicide Prevention Council
- Waterloo Regional Homes for Mental Health
- Waterloo Regional Police
- Wilfrid Laurier University

**Dear Community Member:**

Suicide is a major public health issue in Waterloo Region. It cuts short lives and imparts tragic legacies to families and friends.

In 2002, a coroner's inquest in this community recommended that *"there be continuous education for the community on mental health issues, suicides, support groups, programs and facilities. The media, school and health care professionals should be involved"*.

The Waterloo Region Suicide Prevention Planning Group is pleased to convey to you a copy of our response to this recommendation: **The Waterloo Region Suicide Prevention Strategy**. This Strategy has been developed over the past several months by a broadly based partnership of representatives from government, mental health, public health, police, education and social services who have worked together on a plan to raise the profile of suicide as an issue, and to educate people in Waterloo Region in how every member can play a role in reducing the incidence of suicide.

The enclosed Strategy is a framework for achieving the goal of suicide prevention in our community. It lays out a set of objectives for achieving this goal, and goes on to list specific actions to be implemented in order to work toward achieving those objectives. The actions are seen as setting the agenda for suicide prevention in Waterloo Region over the next 18 months to 2 years.

We urge you to review our work and join us in supporting implementation of this Strategy across Waterloo Region.

The Waterloo Region Suicide Prevention Planning Group wishes to thank Grand River Hospital Corp. for generously providing the resources to develop this Strategy.

Please feel free to contact me ([wayne.hobbs@wcdsb.edu.on.ca](mailto:wayne.hobbs@wcdsb.edu.on.ca)) if you would like more information on how you can lend support to this community-wide initiative.

Yours truly,

**Wayne Hobbs, Chair**

*Waterloo Region Suicide Prevention Planning Group,  
and Senior Manager of Student Services  
Waterloo Catholic District School Board*





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## 1.0 INTRODUCTION

### 1.1 Introduction to the Project

This Suicide Prevention Strategy has been developed by a coalition of providers of human services in the Region of Waterloo. The partners in this project include representatives from government, mental health, public health, police, education and social services who have come together to develop a strategy for working together to raise the profile of suicide as an issue, and to educate our community in how every member can play a role in reducing the incidence of suicide. (Please see Appendix I for a list of the membership organizations represented on the Waterloo Region Suicide Prevention Strategy Planning Group.)

The current work is a framework/blueprint for achieving the goal of suicide prevention in our community. It lays out a set of objectives for achieving this goal, and goes on to list specific actions that the Planning Group has agreed need to be implemented in order to work toward achieving those objectives. The actions are seen as setting the agenda for suicide prevention in Waterloo Region over the next 18 months to 2 years. The framework itself is designed to be a flexible tool that can be revisited/developed over time as need and circumstances dictate. As certain initiatives are implemented, or certain objectives met, the framework can be adjusted to take into account successes experienced, and new challenges to be set.

This strategy was developed over the last half of 2005 through a series of meetings and discussions with members of the Waterloo Region Suicide Prevention Strategy Planning Group. Planning assistance for the development of this strategy was provided through funds made available by Grand River Hospital Corporation, a hospital with Schedule 1 mental health services in Waterloo Region.

### 1.2 A Snapshot of Waterloo Region

Waterloo Region is located in Southern Ontario about half way between Toronto to the east, and London to the west. The Region, an upper tier municipality, is made up of three cities—(Kitchener, Waterloo and Cambridge) and four rural townships (North Dumfries, Wellesley, Wilmot and Woolwich). Its land area is approximately 1368 square kilometers and is situated in the centre of the triangle formed by Lakes Ontario, Erie and Huron. The Region has a population over 450,000 and is presently one of the fastest growing areas in Ontario. From 1996 to 2001, the percentage change in the population of Waterloo Region was 8.2, while that of Ontario as a whole was 6.1, and that of Canada was 4.0<sup>1</sup>.

Waterloo Region is a major destination for persons immigrating to Canada, and is culturally and ethnically diverse. For example, 21.4% of its permanent residents are foreign born, (compared to 26.8 for Ontario, and 18.4 for Canada); and 10.2% of its population are visible minorities (compared to 19.1% for Ontario, and 13.4% for Canada)<sup>2</sup>.

The education sector in Waterloo Region is very large. There are two school boards: the Waterloo Region District School Board, and the Waterloo Catholic District School Board. Waterloo Region is also home to two universities, The University of Waterloo and Wilfred Laurier University, and to Conestoga College.

Waterloo Region has a lower rate of unemployment (5.3%) than Ontario (6.1%) or Canada (7.4%).<sup>3</sup> Individual average earnings in the Region are \$33,946, compared to \$35,185 for Ontario, and \$31,757 for Canada.<sup>4</sup>

Very relevant to the development of this suicide prevention strategy are the many agencies and organizations in the Region of Waterloo that provide a diversity of mental health services. An extensive Appendix (II) accompanying this report outlines the programs/services provided by each of these organizations. This Appendix is included as a backdrop and contextual piece to the work of the Waterloo Region Suicide Prevention Strategy Planning Group. These are the principal programs and services that organizations individually provide to persons with mental health issues, including those contemplating suicide. A key intent of the Strategy is to connect people to the services of these organizations so that they may be helped.

### 1.3 The Need for a Suicide Prevention Strategy

Despite its many advantages as a place to live and work, Waterloo Region has a rate of suicide and attempted suicide that is considered a serious public health issue.

In what follows, basic statistics related to suicide in Waterloo Region are presented. These numbers represent lives tragically lost, and lives forever changed for families and friends.

Also included, with a view to providing a broader perspective on the impacts of suicide in our community, is information about the extent to which some of our major human services are involved in assisting people who have contemplated or attempted suicide. This information is intended as a snapshot only, a snapshot of the impact of attempted or completed suicide on some of our human service organizations.

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<sup>1</sup> Source Statistics Canada's Internet Site, <http://www12.statcan.ca/english/profil01/CP01/Details/Page.cfm?Lang=E&Geo1=CD&Code1=3530&Geo2=PR&Code2=35&Data=Cou nt&SearchText=waterloo%20region&SearchType=Begins&SearchPR=01&B1=Population&Custom=st>, December 12, 2005. Statistics Canada information is used with the permission of Statistics Canada. Users are forbidden to copy the data and disseminate them, in an original or modified form, for commercial purposes, without the expressed permission of Statistics Canada. Information on the availability of the wide range of data from Statistics Canada can be obtained from Statistics Canada's Regional Offices, its World Wide Web site at <http://www.statcan.ca>, and its toll-free access number 1-800-263-1136.

<sup>2</sup> ibid

<sup>3</sup> ibid

<sup>4</sup> ibid

## Suicide Statistics

(Please also see Appendix III, Suicide in Waterloo Region: An Overview, prepared by Dr. Liana Nolan, Chief Medical Officer of Health, Region of Waterloo)

In Waterloo Region,

- 206 deaths by suicide occurred in the years 1994 – 1999 inclusive
  - Most of these deaths by suicide were by men: 163 versus 43 for women
  - Most deaths by suicide occurred in the 30-39 age group (56); the next largest number of deaths (43) occurred in the 40-49 age group
  - 8 deaths by suicide occurred among those under 20; and 30 deaths in the 20-29 age group <sup>5</sup>
  - Death by suicide is the third leading cause of death among Ontario students <sup>6</sup>

Additionally,

- 14% of the population of Waterloo Region reported being depressed for longer than two weeks in the past year (2000)
- 8% of the Region’s population reported having a major depressive episode in the past year <sup>7</sup>

### Catholic Family Counselling Outcomes Evaluation Project Results

Catholic Family Counseling is a family counselling agency, generally viewed as working at a prevention/early intervention level (as opposed to specifically targeting people with serious mental illness, for example). New clients are asked to fill out a “pre-test” before seeing their counselor the first time. In the 10 month period ending in November, 2005, the survey was completed by 1052 individuals. Of these, 385 (36.6%) reported feeling helpless; 109 (10.36%) reported they were thinking of suicide/harming themselves; and 38 (3.61%) reported they had actually attempted to die by suicide.

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<sup>5</sup> Vital Statistics Mortality database, Office of the Registrar General, from Provincial Health Planning Database, 2003

<sup>6</sup> Addiction and Mental Health Population Studies, e-Bulletin, Centre for Addictions and Mental Health, January, February, 2003

<sup>7</sup> Canadian Community Health Survey, 2001, Population 12+

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### Crisis Line and Mobile Crisis Outreach

The Canadian Mental Health Association (CMHA) operates a telephone crisis line (available 24/7) and a Mobile Team (also available 24/7) targeted to persons in mental health crisis who are 16 years or older. Since January, 2005, these services have been available throughout the whole of Waterloo Region. (Prior to this date, both services were available only to residents of Cambridge and North Dumfries.) The following statistics were provided by CMHA, and relate to the period October, 2004 to September, 2005. During this period of time, and despite the fact that the service was not regional during the last quarter of 2004, the following volumes were experienced:

- Crisis Line:
  - 541 calls related to a threat of suicide or an attempted suicide (out of 3227 total calls to the crisis line)
- Mobile Team
  - 461 outreach visits to persons threatening or attempting suicide (out of a total of 1242 outreach visits)

### Waterloo Regional Police Service

The Waterloo Regional Police Service has recently (August, 2005) completed a study based on a detailed analysis of three sources of internal information: police calls for service from 1998 to 2004; coded statistics from verified incidents, 2000-2004; and the narrative texts of police reports, for the year 2004. Together, these sources of information related to suicide, demonstrate the extent of police involvement with individuals involved in an actual or attempted suicide. Because of the extent and quality of information this study provided, a copy of a presentation of that data is included as Appendix IV. Some highlights from this report include the following:

- In 2004, there were 387 incidents of attempted suicide reported to police in the Region of Waterloo; there were 34 suicides reported to police in the Region of Waterloo (421 total).
  - There were 221 calls related to female attempts at suicide; there were 9 female suicides
  - There were 200 calls related to male attempts at suicide; there were 25 suicides
  - Among calls to police, the age group with the highest number of suicides and attempted suicides was 30-40 years, followed by the 40-50 age group
  - In 88 (23%) of the 387 cases of attempted suicide, police records indicated that the individual had been diagnosed with mental illness
  - In 22 (65%) of the cases of suicide, police records indicated that the individual had been diagnosed with mental illness



- In 83 (21%) of the incidents of attempted suicide, police records indicated that the individual had previously attempted suicide
  - In 13 (38%) of the suicides, police records indicated that the individual had previously attempted suicide
- Each call to police regarding an attempted or actual suicide resulted in an average on-scene time by police of 67.6 minutes

#### Hospitalizations

- The hospitalization rate for suicide attempts in 2001 in Waterloo Region was 94.5 per 100,000 population<sup>8</sup>
  - Hospitalization for suicide attempts is higher in females than males, except in the ages 70+ where males exceed females
  - Hospitalization for suicide attempts is highest in the 10-39 year age group in Waterloo Region

### 1.4 Some Local Background/Context for the Present Strategy Initiative

As in many communities, a heightened interest in Waterloo Region for inter-agency action around suicide prevention came in the aftermath of a series of well-publicized suicides and the recommendation of a coroner's inquest (2002) that "there be continuous education for the community on mental health issues, suicides, support groups, programs and facilities. The media, school and health care professionals should be involved."

As a result of this recommendation, in the fall of 2002, a group of concerned mental health service providers in Waterloo Region began to meet as the "Waterloo Region Suicide Education Working Group". The Group's work over the next year and a half laid the groundwork for the current coming-together of leaders in Waterloo Region to jointly pursue a coordinated, community level suicide prevention strategy.

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<sup>8</sup>Hospital In-Patient Data 1996-2003, Provincial Health Planning Database, January 2005, Health Planning Branch, Ontario Ministry of Health and Long Term Care. See also, Appendix III, *Suicide in Waterloo Region: An Overview*, prepared by Dr. Liana Nolan, Chief Medical Officer of Health, Region of Waterloo

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Firstly, the Waterloo Region Suicide Education Working Group organized and hosted a day-long educational workshop for service providers and an evening public education forum with Dr. Paul Links, Chair of Suicidology, University of Toronto, where individuals were able to both learn and voice their concerns about suicide, including our lack of adequate public response, the need for education and awareness of suicide as an issue, and the need to work together to prevent suicide from occurring. The Group also developed and administered a questionnaire to 365 service providers (September 2003 to May 2004) that focused on three key questions:

- Does your agency/service respond to individuals who are at risk of suicide?
- Does your agency/service have a suicide risk management protocol or strategy?
- Does your agency/service provide education, training or information regarding suicide prevention?

Findings indicated that while most of the service providers surveyed encountered individuals considered to be at risk for suicide, there was a lower than desirable level of suicide risk management available overall, and that the level of education, training and information regarding suicide prevention could be improved across the community.

As a next step, the Waterloo Region Suicide Education Working Group looked at garnering support for the development of a coordinated Waterloo Region suicide prevention strategy. To achieve this end, The Group organized a meeting of key leaders in the community, under the facilitation of David Masecar, Past President of the Canadian Association for Suicide Prevention. There followed the formation of the Waterloo Region Suicide Prevention Strategy Planning Group, the committee that has now taken active responsibility for the development of a community-wide regional suicide prevention strategy. Over the course of several initial meetings extending into the spring of 2005, the group devoted itself to developing a greater understanding of the extent of suicide as an issue in Waterloo Region, and was able to discuss and articulate a clear rationale for jointly pursuing the development of such a strategy. The strategy itself was developed, as indicated earlier, during the second half of 2005.



## 2.0 THE STRATEGY

### 2.1 Terms of Reference

As a first step, the Waterloo Region Suicide Prevention Strategy Planning Group developed a Terms of Reference (Appendix V) that addressed the key issues involved in their working together in both developing and implementing the Strategy. Principal topics included in the Terms of Reference include:

- A section on Background and Context which includes historical information on the formation of the Planning Group, and statistics demonstrating the extent of the issue of suicide in Waterloo Region
- A detailed articulation of the mandate of the Planning Group
- A list of current membership and a statement regarding the wish to maintain open and inclusive membership
- A description of the current and potential structure of the Planning Group, including reference to the Chair, potential working groups, and potential communication/relationships with other community committees
- A statement of accountability, which notes that the Planning Group is a voluntary association, that commits to participating in the processes required to meet the Group's mandate
- The duty of the Chair to call meetings on a monthly or as-needed basis to achieve the Group's mandate
- The duration of the Group as a function of its continued relevance and the commitment of its members (to be reviewed annually), and
- Provision for an annual review of the Terms of Reference.

### 2.2 Principles Guiding the Development of the Waterloo Region Suicide Prevention Strategy

Next, the Waterloo Region Suicide Prevention Strategy Planning Group considered and discussed what would be an appropriate and meaningful set of principles to guide their work in developing and implementing a prevention strategy.

It was the decision of The Waterloo Region Suicide Prevention Strategy Planning Group to endorse the following principles originally set forth in “the Canadian Association for Suicide Prevention Blueprint for a Canadian National Suicide Prevention Strategy”. The Planning Group stated its intent to urge and advocate for the acceptance of these principles by governments at all levels, the community at large, and by the human service organizations that the Group represents.

1. Suicide prevention\* is everyone's responsibility.
2. Canadians respect our multicultural and diverse society and accept responsibility to support the dignity of human life.

3. Suicide is an interaction of biological, psychological, social and spiritual factors and can be influenced by societal attitudes and conditions.
4. Strategies must be humane, kindly, effective, caring and should be:
  - a) evidence based
  - b) active and informed
  - c) respectful of community and culture-based knowledge
  - d) inclusive of research, surveillance, evaluation and reporting
  - e) reflective of evolving knowledge and practices
5. Many suicides are preventable by knowledgeable, caring, compassionate and committed communities.

The Waterloo Region Suicide Prevention Strategy Planning Group supports the need to involve people affected by suicide, those who have self-injured as well as family members, as resources in the development and implementation of this Strategy.

These principles will be reviewed by the Waterloo Region Suicide Prevention Strategy Planning Group from time to time to ensure their continued appropriateness to the Group's mandate.

The definition of "prevention" noted below, is taken from the Ottawa Suicide Prevention Strategy.

\*The definition of "prevention" has four parts:

- Promotion: actions aimed at promoting general awareness
- Prevention: actions with the goal of assisting individuals in pre-crisis situations, helping them steer away from a specific suicidal behaviour
- Intervention: actions directed at individuals in crisis, helping them overcome the crisis or minimize its harmful effects
- Postvention: actions directed to individuals in post-crisis situations, helping them recover from the effects of a suicidal behaviour in themselves or others they are associated with.

### **2.3 The Strategy**

The Waterloo Region Suicide Prevention Strategy was developed over a period of several months. It proceeded from the formulation of an overall goal, to the development of a set of objectives to achieve that goal, and the development of a series of evidence-based actions associated with each objective. Diagrammatically, the Strategy can be portrayed as follows:



Following are the details of the strategy, Objective by Objective.

**GOAL:** To prevent suicide in Waterloo Region

**Objective 1**

**Commitment**

To increase community commitment to participation in a Regional Suicide Prevention Strategy.

**Actions**

- Secure the formal endorsement of this strategy by the participating organizations
- Report to the community about our achievements and accomplishments in developing this framework
- Invite groups, individuals and organizations to identify how they can help advance the Waterloo Region Suicide Prevention Strategy
- Identify our needs, and advocate for the resources to implement the strategy effectively (e.g. to hire a coordinator)
- Identify and communicate the concrete outcomes of a successful Waterloo Region Suicide Prevention Strategy (e.g. more collaboration, common language, more referrals, more calls to crisis lines, fewer deaths, etc.)

**GOAL:** To prevent suicide in Waterloo Region

**Objective 2**

**Public Awareness**

To increase awareness that suicide is a significant health problem in our community and that it is preventable through community action.

**Actions**

**Media**

- Develop a culturally appropriate information package to educate the media in knowledge and sensitivity around suicide, and in the fact that suicide can be prevented
- Develop, distribute and promote a code of ethics that would provide guidelines and consistency in reporting about suicide
- Monitor the media for potential media award candidates

**General Public**

- Develop culturally sensitive information packages about suicide and how everyone can help in its prevention (a common message)
- Develop a community strategy to reach a variety of target audiences (such as children, adolescents, professionals, seniors, general public) and develop best ways of reaching them (e.g. story telling tailored to the audience)
- Piggyback suicide information onto existing mailings and websites of partner and other organizations

**GOAL:** To prevent suicide in Waterloo Region

**Objective 3**

**Prevention**

To work together/collaborate to increase community capacity to identify and assist people in all aspects of suicide prevention

**Actions**

- Develop and distribute a tool(s) that can be used by individuals to recognize the risk factors for suicide and where to get help (adults, children)
- Develop a protocol that lays out a collaborative process for getting help for people who are at risk for suicide, so that wherever a person touches the system, that person can be assured of linkage to all available resources
- Develop a protocol that lays out an interagency debriefing process



**GOAL:** To prevent suicide in Waterloo Region

**Objective 4**

**Training and Education**

To increase the capacity of the community to respond to the risk factors of suicide.

**Actions**

- Promote broader participation (e.g. physicians) in training programs such as ASIST. Identify target groups for inter-sectoral training
- Identify means of expanding the capacity of training programs such as ASIST
- Provide a forum for the general public on the risk factors of suicide
- Identify target groups for training (within the community or within organizations) and identify their specific training needs

**GOAL:** To prevent suicide in Waterloo Region

**Objective 5**

**Advocacy**

To influence community change to implement a coordinated suicide strategy.

**Actions**

- Identify potential funders of proposals for suicide prevention initiatives
- Explore the feasibility of securing advocates for people with mental health issues who are in clinical settings
- Coordinate traumatic regional responses to systemic issues that occur in the community
- Advocate for the adoption of the “Blueprint for a National Suicide Prevention Strategy” to reduce suicide and its impact (Ministry of Health Promotion)
- Communicate our Strategy to the Ministry of Health Promotion, the Ministry of Health and Long Term Care, the Ministry of Children and Youth and other relevant governments and ministries

## 2.4 Immediate Next Steps

With the completion of the framework, the attention of the Planning Group will turn to implementation. Immediate next steps will include:

- Developing a presentation of the key features of the Strategy so that it may be communicated to the boards and staff of participating organizations and others;
- Obtaining formal approval from the participant organizations to begin implementation of the Strategy;
- Printing sufficient copies of the Strategy to ensure wide circulation;
- Providing a workshop/information session for all those persons and organizations originally involved in getting the idea of a community Strategy off the ground;
- Ensuring the continuance of the Planning Group by determining a meeting schedule for continuing its work and reconfirmation or confirmation of a chair for the next phase of the Planning Group's task;
- Determining a process for wider distribution of the Strategy; and
- Considering next steps in acquiring a coordinator for the Strategy.



## APPENDIX I

### **Member Organizations of the Waterloo Region Suicide Prevention Strategy Planning Group**

Cambridge Memorial Hospital  
Canadian Mental Health Association, Waterloo Regional Branch  
Catholic Family Counselling Centre  
Community Care Access Centre of Waterloo Region  
Conestoga College  
Grand River Hospital  
Lutherwood  
Mental Health and Wellness Network  
Regional Municipality of Waterloo (including Region of Waterloo Public Health)  
St. Mary's General Hospital  
University of Waterloo  
Waterloo Catholic District School Board  
Waterloo Region District School Board  
Waterloo Region Suicide Prevention Council  
Waterloo Regional Homes for Mental Health  
Waterloo Regional Police  
Wilfrid Laurier University

### **Special thanks to the following for their participation:**

Betty Boomer, Cathy Brothers, Mary Denomme, Tom Connolly, Casey Cruikshank, Brian Doherty, Dennis Egan, Linda Emch, Dale Fogle, Wayne Hobbs, Liz Klassen, Jacquie McLaren, Kevin Mercer, Walter Mittelstaedt, Lorna Miller, Liana Nolan, Kathy Payette, Jenny Rajaballey, Tom Ruttan, Matt Torigian, Diane Wilkinson, Joanne Zimmerman.



## APPENDIX I I

### **Crisis and Mental Health Services in Waterloo Region, December, 2005**

#### **PREAMBLE**

The program and service descriptions that follow in this Appendix are one component of the work completed by the Waterloo Region Suicide Prevention Strategy Planning Group, as an adjunct to the Strategy itself. They are intended to assist readers in understanding the context within which the Suicide Prevention Strategy will be implemented. They are the programs and services that adults and children in Waterloo Region may access when experiencing a mental health crisis or when an individual is in need of support for a mental health or emotional issue.

The following descriptions are meant to outline the major available services in our community, and may not be fully inclusive of available programs and services.

\*\*\*\*\*

Numerous programs and services in Waterloo Region are designed to respond to individuals experiencing mental health crisis. This system of services, which has expanded significantly in the past few years, is described below. Included in Part I are only programs specifically funded/intended to provide support at the time of a crisis. At the same time it needs to be noted that all human service organizations have a role to play when they are made aware of an individual experiencing a crisis. Significantly, this role will involve directing the individual to where crisis supports are directly available and to where they may receive other required assistance, such as treatment or ongoing support.

PART II of this Appendix summarizes the range of mental health services/programs available in Waterloo Region that are geared to people not presently experiencing a crisis, and have, as an important objective, providing service intended to decrease the number or severity of crises that do occur.

In addition to the services themselves, there are several mental health planning groups that serve as forums for the identification of issues, the development of the crisis system, the provision of advice to government, or advocacy with respect to system gaps. These include: the Waterloo/Wellington/Dufferin Joint Mental Health and Addictions Planning and Advisory Committee, the Waterloo/Wellington/Dufferin Crisis System Coordination Committee, the Child and Youth Mental Health Planning and Advisory Committee, the Waterloo/Wellington/Dufferin Dual Diagnosis Committee, the Regional (Waterloo Region/Wellington) Human Services and Justice Committee, and the Alliance for Children & Youth.

## PART I: MENTAL HEALTH CRISIS RESPONSE SERVICES IN WATERLOO REGION

### ADULT MENTAL HEALTH CRISIS SERVICES

Distress Centre: Telephone Distress and Crisis Lines (Canadian Mental Health Association/Waterloo Region Branch)

The Distress Centre of Waterloo Region operates two distinct telephone lines:

- A Distress or “Warm” line (745-1166), offering 24/7 emotional, listening support (available throughout Waterloo Region), and
- A 24/7 Crisis Line (744-1813) with a direct link to a 24/7 Mobile Crisis Team for the Region of Waterloo. Mobile Crisis offers crisis prevention, assessment, intervention, and resolution support.

Trained volunteers and staff answer the Distress and the Crisis Lines 24/7. Staff cover the lines from 11:00 p.m. to 7:00 a.m. The Crisis Line is a “must answer” line. If the volunteer/staff person is responding to a caller on the Distress Line, and a call comes in on the Crisis Line, the volunteer/staff person ends the Distress Line call and responds to the Crisis Line call.

Crisis line callers may be linked to the Mobile Crisis Outreach Team (paid staff) who are available for immediate crisis assessment and intervention. Callers may also be immediately linked to emergent services (police or ambulance) if deemed essential by the Crisis Line Volunteer. Paid staff are always available for back up support to the Volunteer.

Individual crisis plans (with permission) are filed with the Distress Centre. Callers who have crisis plans with the service receive support to work through the crisis based on the plan.

Mobile Crisis Team (Canadian Mental Health Association, Waterloo Regional Branch)

Serving the whole of the Region of Waterloo, the Mobile Crisis Team offers mental health crisis support, including immediate telephone and mobile response, referral to community agencies, support to access emergent services, and crisis resolution support. Individuals served must be 16 years or older and experiencing a crisis resulting from:

- Extreme feeling of loss or hopelessness
- Thoughts of harming oneself or others
- The need of a family member for support to deal with an individual experiencing a mental health crisis
- A sudden or unexpected need for shelter, or
- A need for immediate supportive crisis counselling

A mobile team is available 24/7 to de-escalate crisis situations by telephone, in the person's own environment, or a mutually agreed upon location in the community. The team assesses, intervenes, resolves the crisis and evaluates the intervention, all within the community. Where necessary, an individual is assisted to access emergency psychiatric and treatment services by car transport to the Emergency Room or through 911.

System linkages have been addressed through the development of Statements of Cooperation which highlight roles and responsibilities when services come together around an individual. Drafts are currently being developed with Grand River Hospital and with community agencies. Development with the Waterloo Regional Police has included: ride-alongs with the police for education purposes, to identify situations where Mobile Crisis would be an appropriate contact after police intervention; 15 weeks of training on the development of the Mobile Crisis and how to access the Team; and proactive outreach with the Community Resource Officers. As well CMHA has developed and facilitated a training module for police in the identification of mental health issues and barriers.

### Cambridge Memorial Hospital Emergency Room

Cambridge Memorial Hospital operates a Psychiatric Emergency Service (PES). A PES clinician is available in the ER 14/7 for consultation by the ER staff. At other times crisis services are provided directly by the emergency department. The PES clinician provides assessment, evaluation for admission, crisis intervention and linkage to outpatient programs and referral to community programs. The on-call psychiatrist is available by telephone to the ER physician and PES clinician 16/7. Psychiatric consultation is available at the request of the ER physician.

### Grand River Hospital Mental Health Crisis Team and Emergency Room

The Mental Health Crisis Team provides comprehensive mental health assessments 24/7 and risk evaluations of individuals accessing Grand River Hospital's Emergency Department with a mental health crisis. The Team formulates risk management plans and options for the ER physician; recommends appropriate disposition options to the ER physician; facilitates linkages to community resources/services following assessment by the ER physician; and provides after hours crisis support to patients of Grand River Hospital's Psychiatric and Mental Health Programs. Access to the Team is through the ER where the patient is triaged by the ER nurse, then assessed by the Crisis Team nurse. Final disposition is made by the ER physician in consultation with the Crisis nurse, and where required, the on-call psychiatrist. A psychiatrist or physician is on-call 24/7 to the ER physician. The on-call psychiatrist provides consultation primarily by telephone.

## Waterloo Regional Homes for Mental Health Inc.: Crisis/Respite Residential Program

Waterloo Regional Homes for Mental Health Inc. provides short-term crisis support through residential support beds. The focus of the program is short-term crisis intervention and support. Presently, two beds are operating within the Waterloo-Wellington region (one in Kitchener and one in Guelph). Both operate out of staffed residential mental health programs.

The program offers a non-medical, safe and supportive environment which includes meals and shelter for people experiencing a psychosocial crisis. Respite staff provide emotional support and work collaboratively with individuals and their support network to alleviate distress and achieve crisis resolution.

Waterloo Regional Homes for Mental Health Inc. has recently received funding to establish a 6-bed short term residential crisis support program that will be offered 24/7. The expanded program will allow the agency to provide for planned respite stays, in addition to crisis stays.

### Crisis Plans

Most mental health agencies in Waterloo Region are using crisis plans for at least part of their clientele, as a tool of prevention. Plans are developed highlighting early warning signs, triggers, self interventions and a list of key supports to access in order to prevent the crisis from escalating further. Crisis plans are shared with the individual's consent, and a number of flexible arrangements are in place to facilitate sharing of information. Some partnerships exist that allow a crisis service to begin the skeleton of a plan, and then allow case management support to further develop it with the individual over the course of time.

Formal protocols that serve the entire mental health system do not exist at this point. However, most service providers can identify clear benefits for the use of crisis plans.

### Grand River Hospital: Withdrawal Management Centre (WMC)

This program is a non-medical 24/7 detoxification service for substance abusers 16 years of age and over. The program services Waterloo, Wellington and Dufferin Counties. Program staff provide assistance with voluntary withdrawal from alcohol and /or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. Screening, withdrawal, stabilization, supportive care, discharge planning and early recovery education are provided by WMC. Individuals experiencing a concurrent disorder are often appropriate for admission to WMC to detoxify prior to presenting for a more comprehensive mental health assessment.



## Grand River Hospital: Hazelglen Mental Health Outreach Service

This program operates both in Kitchener-Waterloo and in Cambridge. It provides intensive home-based treatment and support as an alternative to in-patient admission. The program is open to persons 16 years of age or older who are experiencing a mental health crisis requiring inpatient level of care. Program staff complete a comprehensive bio-psycho-social assessment, develop and implement a treatment plan to stabilize the crisis situation, provide individual and family support and education, provide psychiatric consultation and medication monitoring, and facilitate linkages to community-based services and resources for long-term follow-up.

## The Developmental Services Sector

The Ministry of Community and Social Services funds a wide range of support services for people with developmental handicaps. Individuals in crisis may present at virtually any point in the developmental services sector which is well equipped (if not well resourced) to manage a wide range of crisis situations. People with dual diagnosis (a developmental disability + a psychiatric disorder) also access health funded mental health services, including crisis services, although access to specialized psychiatric expertise is limited, and must be accessed from other areas.

## **CHILD/YOUTH MENTAL HEALTH CRISIS/SUICIDE SERVICES**

### Emergency Rooms at Grand River Hospital and Cambridge Memorial Hospital

The availability of crisis service at the two hospitals in Waterloo Region that provide mental health services is described above. The same emergency response capability, is, of course, available to children and youth. Please see the section above for more detail on the emergency services provided at these hospitals.

The services referred to earlier regarding the developmental services sector are also available to children and youth.

### Lutherwood and kidsLINK

Since 1999 Lutherwood and kidsLINK have worked in partnership to provide the following crisis service for children up to the age of 18 years:

## Mobile Crisis Response

Mobile Crisis Response works in partnership with community agencies to provide brief, home-based stabilization services to children, youth and families experiencing acute psychosocial crisis. Mobile Crisis Response provides a timely, family based approach to crisis intervention . Workers use clinically sound interventions based on best practices to assess and manage children’s urgent mental health crises. The service is provided in the home or community in partnership with family and community resources. Response to referral agents usually occurs within 48 hours once a client is deemed appropriate for the service. All emergencies are handled by local emergency supports.

Mobile Crisis services are available 9:00 a.m. to 9:00 p.m., Monday to Saturdays (except on statutory holidays).

## PART II: COMMUNITY MENTAL HEALTH SERVICES, WATERLOO REGION

In the descriptions that follow, community mental health programs available to people of all ages in the Waterloo Region are described in brief. These services form the backdrop or context within which the crisis system operates. They are at once the services that are intended to prevent crisis, the services people may be accessing when they come to experience a crisis situation, and the services to which people may be referred following resolution of a crisis. Reference to crisis programs, cited in the section above, are not repeated in the following descriptions.

### Housing

An individual experiencing a mental health crisis may be living in private housing with or without housing support, in a subsidized housing situation, again, with or without housing support, or in dedicated mental health housing with support.

Waterloo Regional Homes for Mental Health, Inc. is the primary provider of dedicated mental health housing to adults in Waterloo Region. As such, it has two services to offer:

- Housing, either which it owns or which it leases in both the private and non-profit sectors; and
- Housing supports which it may provide in housing it owns, leases, or in fact, in any type of housing in which a client lives.

Waterloo Regional Homes for Mental Health, Inc. owns 10 properties ranging from group homes to apartments as follows:

- 3 (congregate living) group homes in Kitchener, two of which house eight people and one of which houses 6 people. One of these is a 24 hour support home; the others include lower levels of support;
- One duplex in Cambridge with four bedrooms and four people in each side, housing a total of eight people;
- Four three bedroom bungalows in Kitchener;
- 2 apartment buildings, one in Kitchener and one in Cambridge. The Cambridge building has 16 units, 13 of which are occupied by clients, and 3 of which are market rent. The Kitchener apartment has five 2-bedroom units and two 1-bedroom units and houses 12 in total.

Waterloo Regional Homes for Mental Health, Inc. also has 72 managed one-bedroom units in private/non profit sector. These units are leased by Waterloo Regional Homes and sublet to clients.

In total then, Waterloo Regional Homes for Mental Health, Inc. has a total of 139 spaces that it either owns or directly manages.

Waterloo Regional Homes for Mental Health, Inc. has also been allocated up to 30 additional units through Region of Waterloo Housing. These units are dedicated to people with serious mental illness. In its arrangement with the Region, Waterloo Regional Homes commits to selecting and supporting the people involved, while the Region remains the landlord. Waterloo Regional Homes pays for vacancies on those units should they occur between tenancies.

With respect to housing supports (support coordination), Waterloo Regional Homes provided this service to 239 people in calendar 2003. This number includes people living in their owned or leased properties, as well as people living in other non-profit or private housing.

## **Other Mental Health Services/Supports/Programs (Treatment, Support, Education)**

### Assertive Community Treatment Team of Waterloo Region (ACTT)

The Assertive Community Treatment Team (ACTT) is a program of St. Joseph's Health Care, Regional Mental Health Care, London. It operates in Waterloo Region and is a community-based model of providing specialized level care to adults with serious mental illness who have significant functional impairments. ACTT is comprised of a multidisciplinary treatment team that provides assertive outreach, individualized treatment, support and rehabilitation services on an on-going and continuous basis in a person's home to the level required by the individual. ACTT also provides crisis support to individuals on its caseload. ACTT operates from 8:30 a.m. to 9:00 p.m. Monday to Friday and from 8:00 a.m. to 4:30 p.m. on weekends. During 2003-2004, ACTT serviced a total of 56 people. ACTT provides after hours crisis support to its own clients.

Waterloo Region has recently received funding from the Ministry of Health and Long Term Care for a second ACTT. The second Team will be managed by Waterloo Regional Homes for Mental Health.

### "Beautiful Minds" ~ Talking About Mental Illness – A Program for Waterloo Region Secondary Schools

The "Beautiful Minds" project team is a partnership of agencies and individuals committed to working with youth and the community to promote normalizing of mental health issues, to eliminate any stigma related to mental illness, and to provide opportunities for the empowerment, acceptance and overall wellness of people, including living with mental health concerns.

It is the program's overall goal to provide a coordinated, comprehensive mental health learning experience for adolescent students and the adults in their lives, thus decreasing the stigma that surrounds mental illness, supporting youth to seek help, and preventing incidence of self harm, suicide and isolation. Accompanying this will be ongoing enhancement of community and workplace education programs in order to encourage an overall change in attitude across the community.

### Cambridge Active Self Help

Cambridge Active Self Help (CASH) operates in Cambridge and provides opportunities for peer support, education, advocacy, personal development and opportunities for consumers to engage in social activities in the community. A Self Help Resource Centre provides support to several different self help groups including a ceramics-cooperative business and a family members' support group.

## Cambridge Memorial Hospital

Emergency room services at Cambridge Memorial Hospital were described earlier as part of the community's crisis response system.

All intake to outpatient mental health services is coordinated through a centralized intake office with trained mental health professionals receiving all referrals. Referrals are prioritized into emergent (same day), urgent (within 1 week) and less urgent.

In addition to this emergency service, the following programs are offered at Cambridge Memorial Hospital:

### Child and Family Service

This program provides assessment, psychotherapy, case coordination, and consultation to persons aged 17 and younger and their families where the child or adolescent has a psychological, psychiatric, or serious emotional disorder.

### Psychosocial Rehabilitation Services (Aftercare/Day Care)

This program provides a range of outpatient services to persons over 17 years of age with serious mental illness. Services include: special clinics, psychiatric consultation, case management, psychotherapy, service coordination, advocacy, a variety of psychosocial rehabilitation groups, recreation and leisure activities, psychoeducational groups and family support.

### Psychogeriatric Services

Psychogeriatric services are provided to persons over 65 years of age with deteriorating health conditions that jeopardize independent living, such as complex functional, medical, psychiatric and/or psychosocial health problems, late onset psychiatric conditions, cognitive impairment with associated functional and/or behavioural problems, long-standing severe mental illness complicated by issues related to aging, and issues related to competency. Individuals under 65 years of age with an age-related cognitive or psychiatric condition may also receive services.

## Eating Disorders Clinician

In partnership with six other hospitals in the Central West Eating Disorders Partnership, Cambridge provides individual and family assessment, family therapy and cognitive behavioural treatment to individuals with eating disorder. The clinician in this service also leads groups, liaises with community service providers and provides consultation and education regarding the treatment of eating disorders.

## Acute Adult Mental Health Inpatient Beds

A 10-bed acute, adult, transition Schedule I unit is available.

The inpatient unit provides clients with assistance on discharge from hospital to outpatient services through its Transition Group.

- Adult Team

The Adult Team provides therapeutic intervention for clients presenting with mental health concerns such as depression, mood and adjustment disorders. It provides assessment, counselling, individual and group therapy.

All teams are supported by psychiatrists who are available for emergent and urgent consultation.

## Canadian Mental Health Association, Waterloo Regional Branch

### Centres for Mental Health

CMHA, Waterloo Regional Branch, operates three Centres for Mental Health, in Kitchener, Cambridge and Ayr. Services provided include education, information, support services for adults (short and long-term) and referral.

The organization has an on-line mental health database. It hosts a community website that includes an on-line directory of mental health services in Waterloo-Wellington-Dufferin. The Centres also offer understanding sheets, brochures, books and videos on suicide prevention and related information.

### Proactive Outreach Service

The agency offers a Proactive Outreach Service in Cambridge that supports people generally not connected with community services, who are homeless or at risk of homelessness.

## Community Employment Services

Community Employment Services help clients choose, get and keep meaningful employment through information, consultation, employment planning, marketing assessment and on-the-job support if necessary. Individuals may pursue entrepreneurial goals through an Entrepreneurship component (provided in partnership with Waterloo Regional Self Help and Wellington-Dufferin Self Help).

## Bridging Employment Supports (BES)

This program supports a range of people with various disabilities or barriers to identify employment needs and to access employment resources in Cambridge, Guelph, Kitchener and Waterloo.

## People Acquiring Intimate Relationships (PAIR)

This service helps people in preparing for and developing personal relationships.

## Community Development and Education Services (CDES)

These services offer opportunities for specialized training, including Trauma Informed Helping Skills, Applied Suicide Intervention Skills Training (ASIST), and Helping Skills: Building Community Capacity. CDES also provides workshops and seminars on mental health issues.

## ASIST (Applied Suicide Intervention Skills Training Workshops)

Each year, CMHA Waterloo Region offers seven to eight 2- day Applied Suicide Intervention Skills Training Workshops (ASIST), half in Waterloo Region and half in Wellington-Dufferin. Each workshop has a capacity for 25 participants who come from a wide variety of settings and backgrounds.

CMHA is currently contracted to provide suicide awareness and intervention training for all new staff of the Homewood Health Centre, four times per year. In addition, the Waterloo Region District School Board and CMHA, Waterloo Region have created a partnership which has made it possible to offer a one day Suicide Awareness Workshop to guidance counselors, public health nurses, psychologists, social workers and police officers working within the Board. The combination of these one-day workshops and attendance at the two-day ASIST has resulted in all staff listed above receiving training in suicide intervention.

Since 2002, CMHA has offered yearly Suicide Awareness presentations to Conestoga College Police Foundation and Law and Security students. It is involved yearly in volunteer training for Victim Services and the Sexual Assault Support Centre. One to two hour awareness and training presentations on the issue of suicide are also offered in a wide variety of health, social service, community, and educational settings.

### Court Support Service

This service provides support at the Mental Health and Bail Court, as well as providing short-term Diversion and Non-Diversion support coordination (case management) for up to 12 months, for individuals in the court system who have a significant mental health issue or a concurrent disorder (a mental health and addictions issue).

### Catholic Family Counselling Centre (Region of Waterloo)

CFCC exists so that people, families, and communities find hope and help in dealing with life's challenges and opportunities.

CFCC is a voluntary, not-for-profit, accredited and professional organization that is totally non-denominational in all its activities. Religious affiliation is never a determinant of service. Services are available to all persons in Region of Waterloo on a self-referral basis. Funding is from a diverse array of sources. Some programs are fully funded and do not have fees. Other programs are on a fee-for-service basis. No one is ever denied service because of inability to pay. CFCC helps over 20,000 persons each year.

Programs at CFCC include:

#### Credit Counselling

Professional credit counsellors, accredited by Ontario Association of Credit Counselling Services provide a range of credit/debt counselling and budget planning services; individual and group services; a debt management program; third-party advocacy; bankruptcy counselling; and, prevention and education workshops. Credit Counselling provided in Kitchener and Cambridge.

Community Organization & Development programs include:

- Community Action Program for Children (CAPC) funded through Public Health Agency of Canada – community programs for at-risk families with children under the age of 6 years. Includes Busy Babies program at Trinity Church; rural outreach programs throughout Waterloo Region with focus on isolated and poor families including Old Colony Mennonites; Mom-to-Tot program in Cambridge, and ESL program offered through House of Friendship.



- Support & Education Groups for Fathers of children under 6 years of age offered at St. Monica House and in Early Years Centres throughout the Region.
- Families & Schools Together Program – two versions: Elementary School F&ST and Early Childhood F&ST. An evidence-based, prevention and early intervention program that involves whole families of children at risk. School-based with a team of community partners facilitated by CFCC.
- YES program – Youth Education for Success – a neighbourhood-based community outreach program for youth that includes mentoring and a range of fun activities. Geared at breaking cycle of poverty and keeping youth in school.
- Support Groups for Immigrants and Refugees – includes weekly support groups, led by Peer Workers – Serbo-Croatian Group, and, Afghan Group.
- Community Outreach Workers – in Karen Walk Neighbourhood in Waterloo. Also two Community Outreach Workers serving rural communities of Wellesley and Woolwich townships.
- Domestic Violence Centre – a coordinated, community approach to helping women and children who are victims of domestic violence. Tenants of CFCC include St. Mary’s General Hospital Sexual Assault/Domestic Violence Treatment Centre and the Domestic Violence Unit of Waterloo Region Police Services.
- Coffee Cluster Series – regular wellness workshops open to all on such topics as depression, grief, money management, teen-parent relationships, playing with your child.

#### Clinical Treatment

- Intake and assessment services provided by professionally qualified social workers
- Individual, couple, and family therapy provided by professionally qualified, registered social workers for a broad range of psycho-social issues.
- Critical Incident Debriefing services
- Individual and Group Therapy for survivors of Sexual Assault
- Individual and Group Therapy for Victims of Family Violence
- Immigrant Outreach Program – Individual and Group Therapy for refugees and immigrants – offered in variety of languages
- Employee Assistance Programs

- Children’s Group Treatment Programs – The Leader in Me, The Adventure Club, Girl Power, The Best Years of Our Lives (or Whatever!)
- Psycho-Educational and Support Groups for men, women and children on broad variety of issues, including depression, anxiety, separation & divorce, relationships. Each week CFCC offers approximately 20 different group programs – Self-Esteem; Anger Management; Assertive Communication; Understanding Me; The Calm in the Storm; Moving On; Men’s Relationships, etc.
- Career Counselling – by professionally qualified career counsellor
- Family Mediation – by professionally trained lawyers and mediators

### Conestoga College

Conestoga College has professionally trained counselors who offer individual counselling for students who identify personal barriers that are interfering with their success at Conestoga College. Some common personal issues include: stress, transition to college, relationship difficulties, anxiety, depression, thoughts of suicide, sexual assault or abuse, sexuality, low self-esteem, domestic violence, anger, grief, loss, trauma, health issues, and eating disorders. Referrals are also made to community resources regarding personal issues or for specialized treatment programs.

### Grand River Hospital

As described earlier, the hospital operates a 24/7 psychiatric emergency team which assesses patients registered in the ER. Please refer to Part I for a fuller description of this service. In addition to this crisis service, the following mental health programs are offered at Grand River Hospital:

#### Hazelglen Program

Hazelglen consists of the Home-based Acute Treatment Team (HATT) which provides time-limited home-based treatment for people experiencing an acute mental health crisis. The program is intended as an alternate to hospitalization. More detail about the program is provided in Part I of this Appendix.

## Rapid Response

This is a service that provides a viable alternative to hospitalization through comprehensive psychiatric assessments for individuals experiencing mental health concerns requiring urgent attention (within 48 hours) to clarify diagnosis, level of acuity, required treatment and appropriate disposition (administered in one to four sessions). The service is designed to also provide consultation and advice to primary care givers and community mental health agencies who are the principal providers of care for individuals experiencing acute mental health difficulties. Staff link individuals with a moderate mental illness to primary care and community resources and individuals with a serious mental illness to GRH outpatient services for follow-up where required.

## Community Outreach and Treatment Team (COTT)

COTT provides intensive case management, medication monitoring, outreach to local hostels, and family support and education to persons with serious mental illness. It also provides case management services to individuals placed on Community Treatment Orders. COTT provides crisis intervention for individuals admitted to the service. After hours, crisis support is available through Grand River Hospital's Crisis Team.

## Preschool Program

The Grand River Preschool and Diagnostic Treatment Services assists families with children aged 2 to 5 years who require extensive multi-disciplinary, assessment and treatment approaches because of moderate to severe emotional and/or behavioural dysfunction or moderate to severe developmental disorders.

## Young Adult Program (YAP)

The Young Adult Program is a psychiatric/mental health treatment program offering services to transitional aged youth who require an intensive, structured, treatment program. YAP offers a milieu oriented day program utilizing individual, group and family therapy, educational credits, life skills training and recreation. The goal of the program is to help the young person understand and cope with their mental illness while guiding them in their recovery and reintegration into the community, school and family.

## Eating Disorders Service

Grand River Hospital Eating Disorder Service provides assessment and consultation services for children (age 10 and over), adolescents and adults who are experiencing a diagnosed or probable eating disorder. Group treatment services are provided to adults over 18 in collaboration with the Cambridge Memorial Hospital and Community Mental Health Clinic of Wellington County. Grand River Hospital is a member of the Central West Eating Disorders Network.

## Schedule I Inpatient Beds

Grand River Hospital provides Schedule I services in Kitchener-Waterloo. Services include a 44-bed adult, acute unit. HSRC directions include provision for 9 additional beds. Outpatient assessment and treatment services for adults are provided through the Rapid Response, Hazelglenn Program, Young Adult Program, and the Adult Outpatient Service, as described above.

Grand River Hospital also operates an eight-bed Child and Adolescent Inpatient Program (CAIP), which provides inpatient services to children from Waterloo Region and Guelph/Wellington County.

## kidsLINK

The mental health services provided by kidsLINK focus on the pre-adolescent child. A variety of programs and services are offered.

### Early Intervention Services

#### Preschool Support Services

Staff work with parents and caregivers in licensed child care programs to provide guidance related to a child's social, emotional and behavioural development.

SNAP (Child Care Special Needs Access Point) is the single point of access for special needs children, 0-6 attending licensed child care in Waterloo Region.

Child Care Connection promotes safe, quality child care by providing information to parents and caregivers on child care arrangements.

kidsLINK also offers a resource library.

## Early Identification Program

kidsLINK has a school-based collaboration with the public and Catholic school communities to strengthen the social and emotional well-being of young children in JK to Grade 3.

## Children's Mental Health Services

### Zero2Six Services

This program offers therapeutic and educational services designed to identify and treat existing or emerging mental health problems in very young children.

### Child and Family Therapy

This program provides family counselling and intensive treatment for children in the agency's school and residences

### School Treatment Program

Children attending the agency's on-site school receive therapeutic and educational treatment as a precursor to re-integration in community schools.

### Residential Treatment Services

This program provides round the clock treatment for severely troubled children in a residential environment.

### Respite Services

The agency provides a structured recreational program for children with exceptional social, emotional, behavioural and developmental challenges, allowing parents a period of respite.

## kidsLINK and Lutherwood

### The Children’s Mental Health Access Centre

This is a joint service with Lutherwood and is a single point of access to the children’s mental health system.

### Intensive Child and Family Support (Partners Program)

The Partners Program is an intensive support service that helps families deal with a wide range of children’s mental health and behaviour problems . The program works with families across Waterloo Region to provide goal oriented treatment and support services. It serves children from infancy to 18 years of age. The team uses a ‘strengths based’ philosophy of treatment to assist families in improving their future. Family Support Workers are based in Cambridge and Kitchener but work across the Region. Help is in formal meeting rooms, or in a family’s home, the school or elsewhere in the community. By reinforcing the family’s internal coping skills, the Partners Program enhances the family’s capacity to improve functioning. This approach also takes into account the multiple systems the family is linked to and utilizes community supports wherever possible.

## K-W Counselling

K-W Counselling provides counselling, educational and support programs to all segments of the community. The following encapsulates the programs/services the agency provides.

### Family and Community Solutions

This is an educational program that promotes wellness and individual potential. It focuses on educational services for parents, personal growth and family enrichment.

### Family Support Approach

Family Support Approach is an intensive, holistic family intervention model that combines therapeutic counselling with family life education and advocacy to help families facing serious challenges build self-sufficiency and problem solving skills.

### The Men's Network

This is a community education program to learn about the unique characteristics of men. It aims to heighten the importance of men as positive role models in the lives of children, families and the community.

### Employee and Family Assistance Program

This program focuses on providing a broad range of counselling, wellness programs, program design and related services to employers, unions, employees and their families.

Family Violence and Sexual Abuse Treatment is a program for women who have experienced physical, sexual or emotional abuse.

### Multiculturalism: Helping it Work

This program is a partnership with Canadian Heritage, United Way, and K-W Multicultural Centre. It is a three-year project to engage volunteers with human service agencies in our community that want to explore and be part of changes that will enhance access to services and inclusivity for everyone in our community.

### Therapeutic Counselling

This service is a results oriented service for men, women, children, couples, and families who ask for assistance with emotions and relationships.

### Temper Taming, Taming the Dragon, and STEAM

These are group programs for children, teens and adults who are having difficulty managing their anger and other emotions.

### Families and Schools Together (FAST)

FAST is a prevention program in which whole families and schools gather to participate in specific, fun, research-based activities aimed at strengthening families and empowering parents.

## Outreach Worker Program

The Outreach Worker Program provides workers in a number of community centres who help families and children access basic supports such as food, clothing, child care, recreation, and transportation.

## Bouncing Back

Bouncing Back is an early Intervention Program for Child Witnesses of Woman Abuse that focuses on supporting children and mothers healing from the effects of woman abuse and violence.

## Lutherwood

Lutherwood provides a range of preventative and supportive interventions for children, adolescents and families who are coping with behavioural, emotional or psychological problems. These are summarized below:

Community Services offers a variety of prevention and support services to help individuals and families at risk of developing mental, social or financial problems to achieve their highest level of functioning. Community Services include:

- Child and Parent Place: supervised access and child-care exchange for families experiencing stress due to divorce or separation.
- CradleLink: an in-home support for families with newborns
- Family Literacy: a service to help families build reading and literacy skills in their children.
- Learn\$ave: a service to help low-income people build financial assets.

## Safe Haven Shelter

This Program offers youth (12-15 years) a safe alternative to the street. There is immediate admission and service for up to 10 youth 24/7. Other services at the Betty Thompson Youth Centre include: day programs, runaway prevention training, skill development groups, family support and respite services.



### Woodland’s Residential Treatment Program

This program provides a family-based treatment model for youth aged 12-16, who are experiencing significant mental health issues.

### Day Treatment Program

The Day Treatment Program is a therapeutic service for youth aged 12-16, who are experiencing significant emotional and behavioural difficulties. The Day Treatment Program combines a supportive school environment with therapeutic and skill training activities. This program is a partnership with the Waterloo Region District School Board.

### Open Custody Treatment Program

This program provides treatment, rehabilitation and care for young persons (12-16 years) with significant mental health needs who have been found guilty of an offence.

### Court and Probation Services

Court and Probation Services provides a continuum of mental health counselling and assessment services to young persons under the Youth Criminal Justice Act.

### Lutherwood Family Counselling Services

This program provides therapeutic and spiritual counselling services to individuals, couples, families and groups in Cambridge and surrounding areas.

### Family Mediation

This service offers a negotiation process in which the mediator assists the parties to listen and communicate with each other and helps to ease the transition from a one-household to a two-household family.

## Mental Health and Wellness Network

Waterloo Region is part of this Network that encompasses the geography of the former Central West planning region. The Network provides community outreach and education (targeted to both consumers and the community at large) in the area of mental health promotion. It focuses on the broader determinants of mental health and the need for a holistic approach in dealing with mental health issues.

## Mood Disorders Association of Waterloo Region

This organization offers weekly support groups and provides mood disorders information and education to its members. It publishes a newsletter, and hosts a monthly speakers' series.

## Schizophrenia Society of Waterloo Region (SSOWR)

SSOWR provides education, information and support to family members of individuals suffering from major mental illnesses. The organization provides monthly Family & Friends meetings, a newsletter and telephone support. SSOWR also advocates for services for family members and consumers as well as offering public education.

## St. Mary's General Hospital: Waterloo Sexual Assault/Domestic Violence Treatment Centre Program

The Waterloo Region Sexual Assault/Domestic Violence Treatment Centre is a regional and hospital-based program. The goal is to provide a client-focussed program available to women, children and men who have experienced a recent sexual assault, and to women 16 years of age or over who have experienced domestic violence. Team members (physicians, nurses, and social workers) are on-call 24 hours per day, 7 days per week. The program provides:

- Medical examination
- Forensic collection
- Antibiotics for sexually transmitted diseases
- Photography of injury
- Pregnancy prevention
- Crisis intervention
- Short term counselling, and
- Referral to community services

Additionally, short term/crisis counselling is provided to individuals who have not accessed the hospital, but require supportive counselling related to a recent assault.

Staff of the programs participate in an orientation specially designed around the needs of the survivors of sexual assault, domestic violence, collection of forensic evidence, emotional impacts of violence, etc. The team participates in monthly staff and peer meetings for learning and support.

In-services, training and materials are provided on an ongoing basis for physicians, nurses and social workers, as arranged through the Director.

The Centre provides training and in-services to organizations, agencies, schools, universities, police, etc.

### University of Waterloo

The University of Waterloo provides individual counselling to members of its student body regarding personal concerns. Areas in which counselors can provide expert help include: personal issues and trauma, relationship issues, stress, anxiety, depression, sexual harassment, eating disorders, etc. Counselling is offered on a short-term basis by trained professional counselors. The service is not designed to see couples or families.

### Waterloo Catholic District School Board

The Waterloo Catholic District School Board includes, in its Student Services Handbook, under “Emergency and Life Threatening Procedures”, a detailed policy and set of procedures regarding depression/suicide. This policy sets out in detail an explicit list of indicators (symptoms/behaviours) of depression that a student may display. Where a student displays a number of these symptoms, a process is laid out for notifying the principal, social workers and parents. The policy also describes the behaviours that a child/youth may demonstrate that are warning signs of suicide risk. It cautions that any reference or attempts of suicide are to be taken seriously by school staff, and are to be acted upon as a matter of priority. Procedures call for the rapid notification of the principal, social worker and parents.

## Waterloo Region District School Board

The Waterloo Region District School Board has developed a Suicide Prevention Strategy. This strategy has two major components developed over the period 2003 to 2005.

### Suicide Prevention Committee

This Committee's membership includes: Education Centre staff, elementary and secondary school counselors, a social worker, the Canadian Mental Health Association (CMHA), the Region of Waterloo Public Health Unit, a bereavement counselor, a parent, and the Waterloo Regional Police. The Committee's mandate is to develop strategies to assist schools in suicide prevention through facilitating professional development (in partnership with CMHA) re suicide prevention of grade 7-12 guidance counselors. More recently the Committee established the Mental Health Committee (spring, 2005) described below.

### Mental Health Committee

The Mental Health Committee consists of staff from the Education Centre, along with one guidance counselor from each secondary school in the system. Its mandate consists of four sets of activities:

- Introduce "Help Line" posters to secondary schools and senior public schools with the message "Take Care of Yourself, Take Care of Each Other" (Spring, 2005)
- Deliver in-service for teachers on suicide awareness and referral procedures (Fall, 2005)
- Have available lesson plans for students on "Coping Strategies and Suicide Awareness" (Winter, 2005)
- Review and develop suicide protocols with the Board.

### Waterloo Region Self Help for Psychiatric Consumer/Survivors (WRSH)

Waterloo Region Self Help for Psychiatric Consumers/Survivors is a consumer-driven mental health program. It provides a range of direct supports that enable people with mental health issues to develop their own support groups, employment opportunities and to access community resources. WRSH provides advocacy support to traditional service providers through participation on boards and committees in an effort to ensure that the voice of mental health consumers is represented. WRSH also provides community development and a Self Help Resource Centre and Self Help Recovery Centre.

## Waterloo Region Suicide Prevention Council (WRSPC)

The WRSPC is a non profit, voluntary council comprised of representatives from the Waterloo Region. Membership on the Council is an equal representation of professionals/organizations dealing directly with suicidal behavior, associated professionals/organizations, and community individuals that have been affected by suicidal behavior. The WRSPC promotes a community wide strategy to reduce the incidence of suicidal behavior through public awareness, education and skill development, and public health advocacy. The Council, as well, strives to reduce the impact of suicidal behavior through the improvement of services, collection of local statistical data and through community consultation, co-ordination, and collaboration. Council working committee groups include: Education and Public Awareness, Conference Planning, Speakers Bureau, and Special event and Fundraising.

## Wilfrid Laurier University

Professional counselling is available at Wilfrid Laurier whatever the severity of the immediate situation - from an urgent personal crisis to a longer-term issue or a nagging, distracting everyday concern.

Here is a partial list of topics frequently raised in personal counselling:

- communication/assertion skills
- roommate hassles
- parental conflict/separation/divorce
- eating disorders
- sexual/physical/emotional abuse
- psychosomatic or stress disorders
- sexual identity/diversity (including LGBT issues)
- depression and/or suicidal thoughts
- coping with grief/loss
- family dynamics
- conflict resolution
- surviving a break-up
- post-trauma debriefing
- anxiety/panic/phobias
- homesickness/loneliness
- facing mistakes/failures

Personal counselling typically involves some problem exploration and problem solving. The university offers ongoing availability in any future sessions for support, feedback, troubleshooting, or further exploration.

Although most personal counselling is done on an individual basis, the university also offers joint sessions for couples, friends, roommates or family members, on request.

December, 2005

## APPENDIX III

### **SUICIDE IN WATERLOO REGION AN OVERVIEW**

Regional Suicide Prevention Strategy  
Planning Group Meeting  
March 24, 2005

Presentation by  
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Profile of Suicide and Suicide Attempts Among  
Adolescents and Young adults in Ontario, December 2003  
(A Central West Health Planning Information Network report)

## SUICIDE OVERVIEW

- Suicide is a leading cause of death in Canada, Ontario and Waterloo Region
- For adolescents in Canada and the US suicide is the third leading cause of death after motor vehicle fatalities and other accidents
- Suicide is a significant cause of premature death

## SUICIDE THOUGHTS, SUICIDE ATTEMPTS, COMPLETED SUICIDES

- Risk of attempted or completed suicide is higher in those with suicidal thoughts. 8 out of 10 who die by suicide have indicated they would do so prior to the event
- 1/3 of those who attempt suicide will do so again, 15-20% within 3 months
- 10-13% who attempt suicide eventually take their own lives

## RISK FACTORS OF SUICIDE

- Predisposing, precipitating, contributing factors
- Mental illness or drug/alcohol problems
- Family history of suicide
- Chronic/terminal illness
- Incarcerated individuals
- Social isolation

## SUICIDE IN CANADA

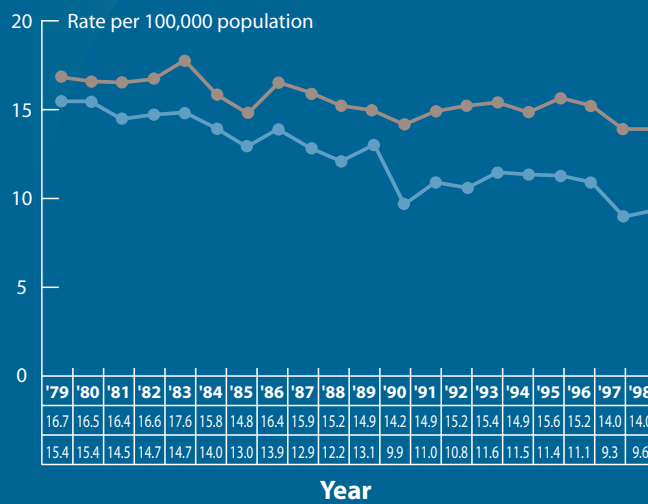
- 4% of Canadians reported having suicidal thoughts in the past 12 months
- In 1999 there were 23,225 hospitalizations for attempted suicide
- Hospitalizations for suicide attempts have increased between 1987 and 1994, peaked in 1995 and have declined slightly since that time



## SUICIDE IN CANADA

- 10 Canadians per day die by suicide
- 2% of all deaths
- In the 15-24 age group - 24% of all deaths
- Suicide mortality rates have declined since 1979
- 4 times as many males as females die by suicide

Mortality from Suicide by Year,  
Canada and Ontario, 1979-1998



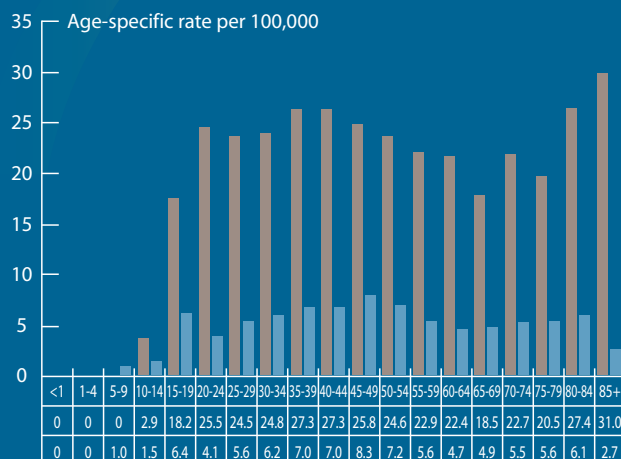
**Note:** Rates age-standardized using 1991 Canadian population aged 10 years or older, adjusted for net census undercoverage and non-permanent residents.

**Source:** Langlois S. and Morrison P. *Suicide deaths and suicide attempts*. Health Reports 2002, 13(2):9-22.

Canada

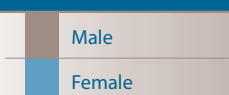
Suicide

### Mortality from Suicide by Age Group and Sex, Canada, 1998



Source: Health Canada. A Report on Mental Health in Canada, Ottawa, Canada. 2002.

Age Group (Years)



### IN WATERLOO REGION HOSPITALIZATION FOR SUICIDE ATTEMPTS

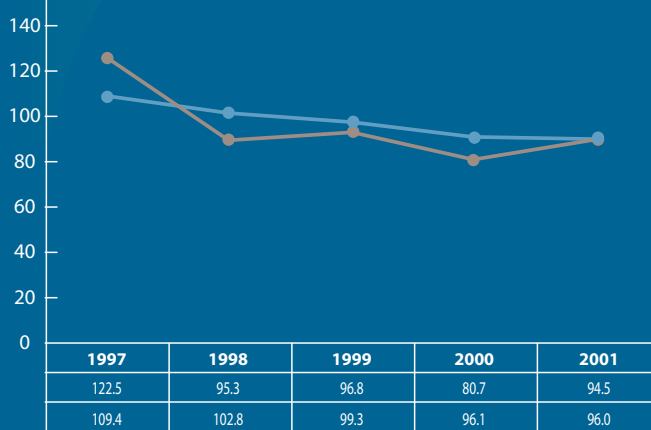
- Hospitalization rates for suicide attempts in 2001 was 94.5 per 100,000
- Our rates are similar to the province as a whole
- Trend is for declining rates since 1997

## IN WATERLOO REGION HOSPITALIZATION FOR SUICIDE ATTEMPTS

- Hospitalization for suicide attempts is higher in females than males, except in the ages 70+ where males exceed females
- Hospitalization for suicide attempts is highest in the 20-49 year age group in Ontario, and 10-39 year age group in Waterloo Region

### Hospitalization for Suicide Attempts by Year Waterloo Region and Ontario Residents, 1997-2001

Number of hospitalizations per 100,000



\*Rate age standardized to 1991 (adjusted) Canadian population.

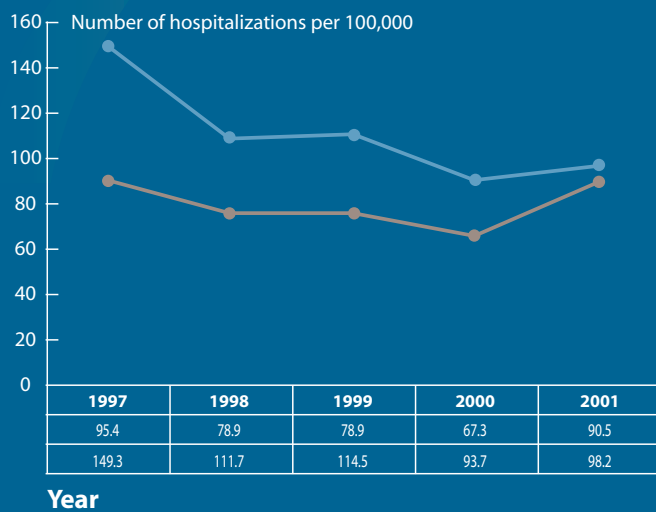
Sources: Hospital In-Patient Data 1996-2003, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care. Population Estimates 1996-2003, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Year

Waterloo

Ontario

### Hospitalization for Suicide Attempts by Year and Gender Waterloo Region Residents, 1997-2001

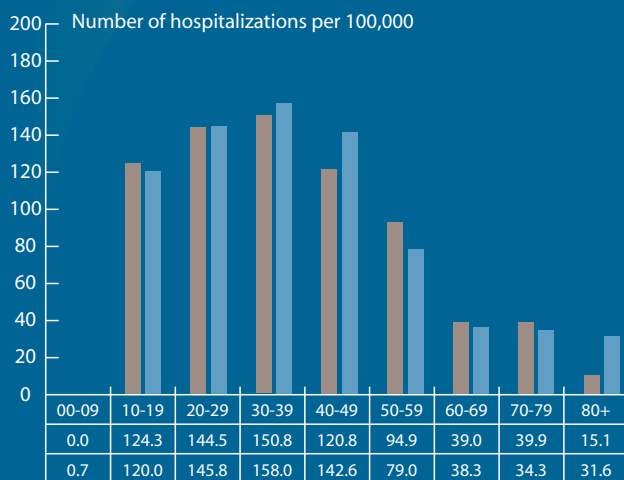


\*Rate age standardized to 1991 (adjusted) Canadian population.

**Sources:** Hospital In-Patient Data 1996-2003, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care. Population Estimates 1996-2003, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Male  
 Female

### Hospitalization for Suicide Attempts by Age Group Waterloo Region and Ontario Residents, 1997-2001 Combined

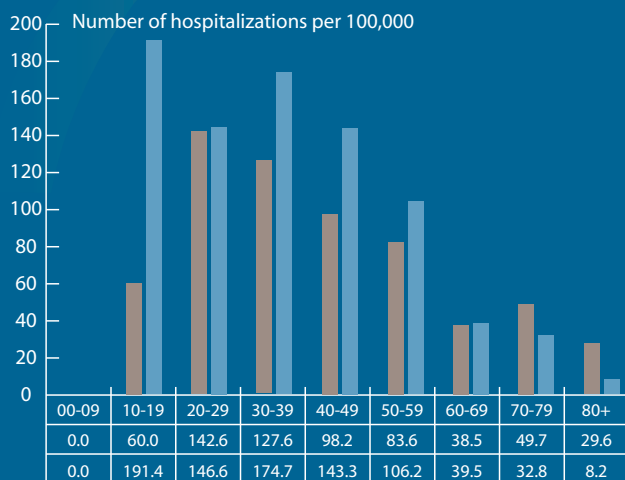


**Source:** Ontario Mortality Data, 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Waterloo  
 Ontario

## Hospitalization for Suicide Attempts by Age Group Waterloo Region Residents, 1997-2001 Combined



Sources: Hospital In-Patient Data 1996-2003, Provincial Health Planning Database PHODB, January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1996-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

### Age Groups

Waterloo  
Ontario

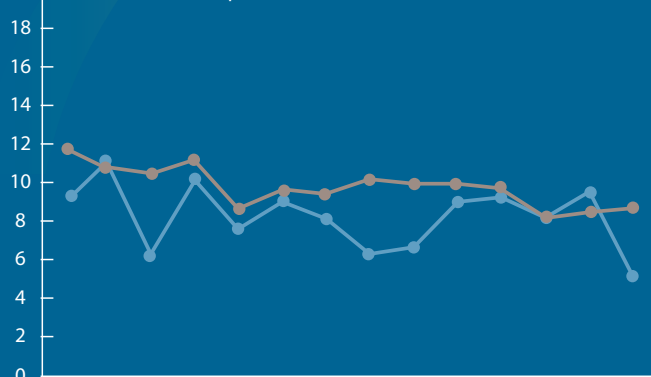
WATERLOO REGION  
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## IN WATERLOO REGION MORTALITY FROM SUICIDE

- Trend is for declining mortality rate from suicide
- The rates for mortality are more than double in males compared to females (Fluctuations)
- Waterloo Region has similar rates of suicide mortality as the province of Ontario except for ages 50+ where there is some fluctuation
- The highest mortality rates in Waterloo Region are in the ages 40-59 and 70-79

### Mortality from Suicide by Year, Waterloo Region and Ontario, 1986-1999

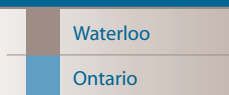
Number of deaths per 100,000



\*Rate age standardized to 1991 (adjusted) Canadian population

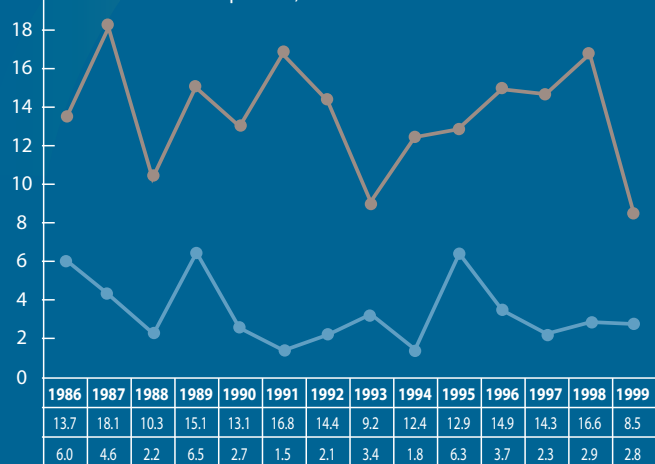
Sources: Ontario Mortality Data 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care Population Estimates 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Year



### Mortality from Suicide by Year and Gender, Waterloo Region, 1986-1999

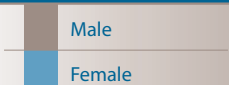
Number of deaths per 100,000



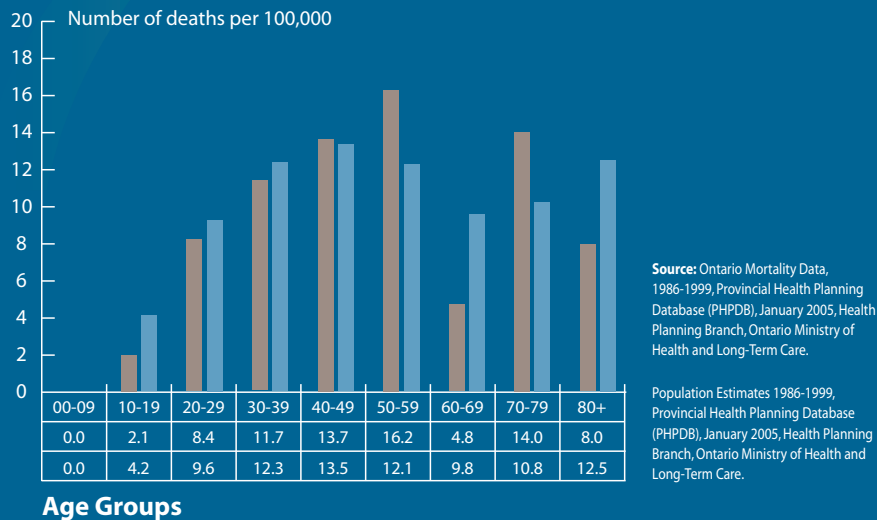
\*Rate age standardized to 1991 (adjusted) Canadian population.

Sources: Ontario Mortality Data 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care Population Estimates 1986-1999, Provincial Health Planning Database (PHPDB), January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Year



### Mortality from Suicide by Age Groups Waterloo Region and Ontario Residents, 1995-1999 Combined



#### Age Groups

Waterloo

Ontario

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## FOCUS ON YOUTH

- In Ontario, 11% of students reported considering suicide in the previous year
- In Canada 554 deaths from suicide among 15-24 year olds in 1997
- Suicide is the second leading cause of death among 15-24 year olds in 1999 in Ontario
- Males age 10-24 were 5 times as likely to die from suicides as females in Ontario

## FOCUS ON YOUTH

- 47% of hospitalizations for suicide attempts in 10-24 year olds from 1997-2001 had a diagnosis related to mental illness (Ontario)
- 13% of 15-24 year olds reported experiencing depression lasting 2 weeks or longer in the previous year (Waterloo Region)
- 6% reported visiting a mental health professional in the previous 12 months

## CONCLUSIONS

- Suicide behaviours are a major and serious health problem
- Youth suicide has a tremendous impact on potential years of lost life
- No one determinant is necessary or sufficient to bring about suicide, but involves a complex interaction of various factors
- Evidence supports rationale for early identification and intervention programs
- Evidence supports need to address multiple underlying risk factors



## APPENDIX IV

Suicide Statistics: Waterloo Regional Police, prepared by Margaret Gloade, Research Analyst, Waterloo Regional Police

**SUICIDE STATISTICS**  
**Waterloo Regional Police Service**

Prepared by Margaret Gloade, Research Analyst  
 Research and Planning Branch, August 2005

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**WRPS Suicide Statistics**

Three Sources of Information

1. Police Calls For Service, 1998-2004
  - From every "Attempt Suicide" or 903 call received in Communication Centre
  - Source:WRPS Research and Planning SPSS Calls for Service database
2. Coded Statistics, 2000 - 2004
  - From verified incidents, coded by Records Branch
  - Source:WRPS Information Technology program extracting class codes from RMS.
3. Narratives of Police Report, 2004
  - From the narrative text of actual police report
  - Source:WRPS Information Technology program to print selceted narratives.

Level of Detail  
 ↓

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## "Attempt Suicide" Calls For Service

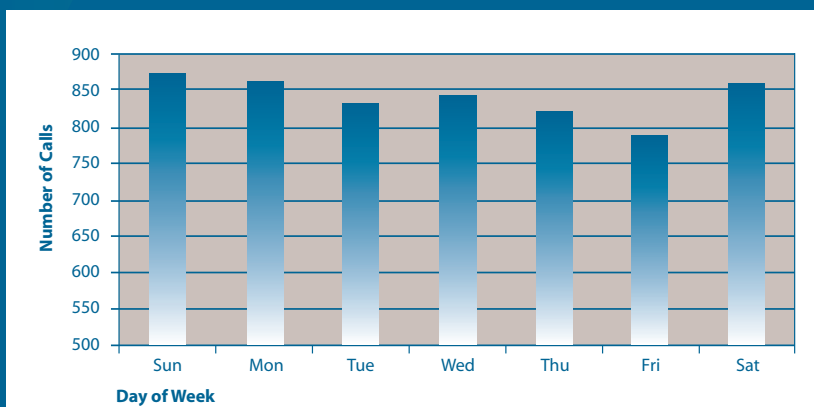
Number of Attempt Suicide (903) Calls Received - By Call Disposition  
 1998-2004

Call Disposition	Year							Total
	1998	1999	2000	2001	2002	2003	2004	
Cancelled (CAN)	8	4	10	9	16	17	15	78
Duplicate (DUP)	7	7	5	11	4	15	17	66
No Report (NR)	156	126	165	159	135	161	174	1,076
Report To Follow (RTF)	499	491	557	738	703	858	818	4,664
<b>Total</b>	<b>670</b>	<b>628</b>	<b>737</b>	<b>917</b>	<b>858</b>	<b>1,051</b>	<b>1,024</b>	<b>5,885</b>

Average On-Scene Time for a 903 Call in 2004:  
**67.6 minutes**

## "Attempt Suicide" Calls For Service

Number of Attempt Suicide (903) Calls Received - By Day of Week  
 Totals from 1998-2004



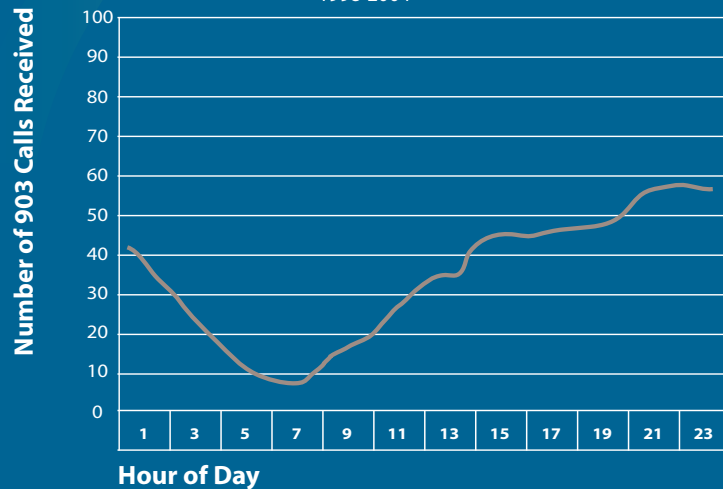
## Suicide and Attempt Suicide Incidents

Methods Used in Actual Suicide and Attempt Suicide Incidents  
2000 - 2004

	2004	2003	2002	2001	2000	Subtotal	
						No.	%
<b>SUICIDE</b>							
Suicide - Drugs	4	8	12	5	6	35	19%
Suicide - Drowning	0	0	1	1	0	2	1%
Suicide - Carbon Monoxide	1	4	2	7	2	16	9%
Suicide - Hanging	22	18	16	16	13	85	45%
Suicide - Hand Gun	0	2	1	2	0	5	3%
Suicide - Long Gun	1	1	3	2	2	9	5%
Suicide - Other	6	5	9	9	6	35	19%
<b>Subtotal</b>	<b>34</b>	<b>38</b>	<b>44</b>	<b>42</b>	<b>29</b>	<b>187</b>	<b>100%</b>
<b>ATTEMPT SUICIDE</b>							
Attempt Suicide - Drugs	273	286	208	239	214	1220	65%
Attempt Suicide - Drowning	1	1	0	0	0	2	0%
Attempt Suicide - Carbon Monoxide	4	10	3	5	3	25	1%
Attempt Suicide - Hanging	8	17	13	15	12	65	3%
Attempt Suicide - Hand Gun	1	0	0	2	1	4	0%
Attempt Suicide - Long Gun	0	0	1	0	1	2	0%
Attempt Suicide - Other	100	173	73	110	117	573	30%
<b>Subtotal</b>	<b>387</b>	<b>487</b>	<b>298</b>	<b>371</b>	<b>348</b>	<b>1891</b>	<b>100%</b>

## "Attempt Suicide" Calls For Service

Number of Attempt Suicide (903) Calls Received - By Hour of Day  
1998-2004



Average

### Details from Narrative Report of 2004 Suicide and Attempt Suicide Incidents

	2004
<b>SUICIDE</b>	
Suicide - Drugs	4
Suicide - Drowning	0
Suicide - Carbon Monoxide	1
Suicide - Hanging	22
Suicide - Hand Gun	0
Suicide - Long Gun	1
Suicide - Other	6
<b>Subtotal</b>	<b>34</b>
<b>ATTEMPT SUICIDE</b>	
Attempt Suicide - Drugs	273
Attempt Suicide - Drowning	1
Attempt Suicide - Carbon Monoxide	4
Attempt Suicide - Hanging	8
Attempt Suicide - Hand Gun	1
Attempt Suicide - Long Gun	0
Attempt Suicide - Other	100
<b>Subtotal</b>	<b>387</b>

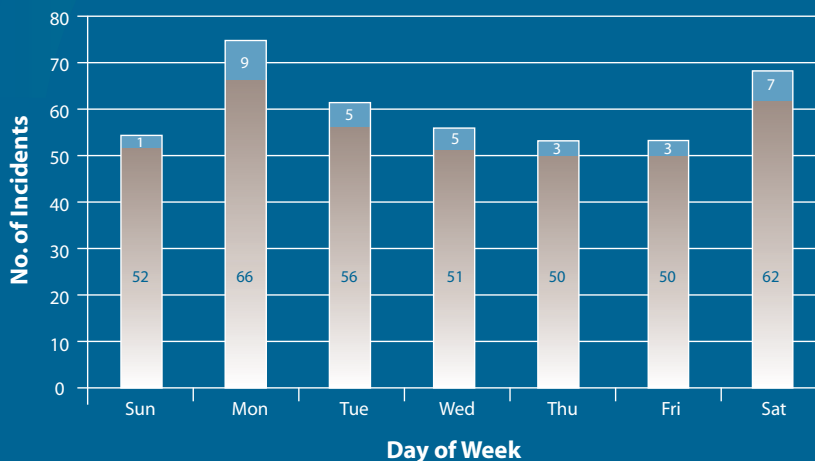
Only 18% of suicides came in as a 903 call.

Majority of suicide incidents (74%) came in as a sudden death call.

93% of actual attempted suicides came in as a 903 call.

### Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

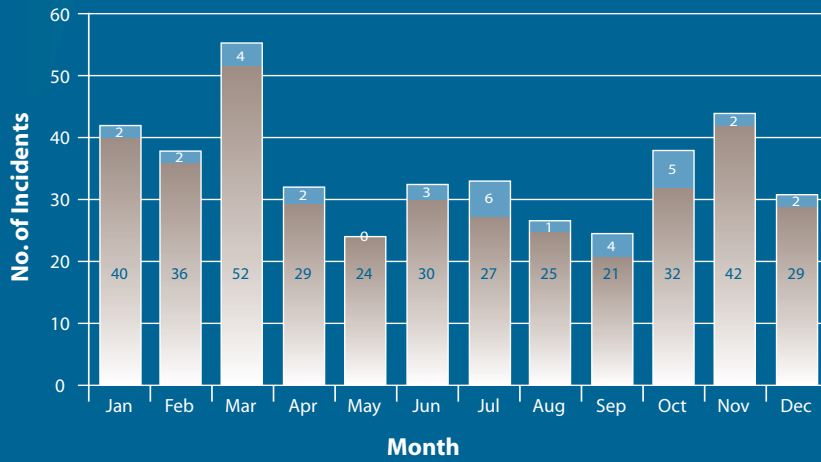
2004 Incidents of Suicide and Attempt Suicide By Day of Week



Attempt Suicide  
 Suicide

## Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

2004 Incidents of Suicide and Attempt Suicide By Month

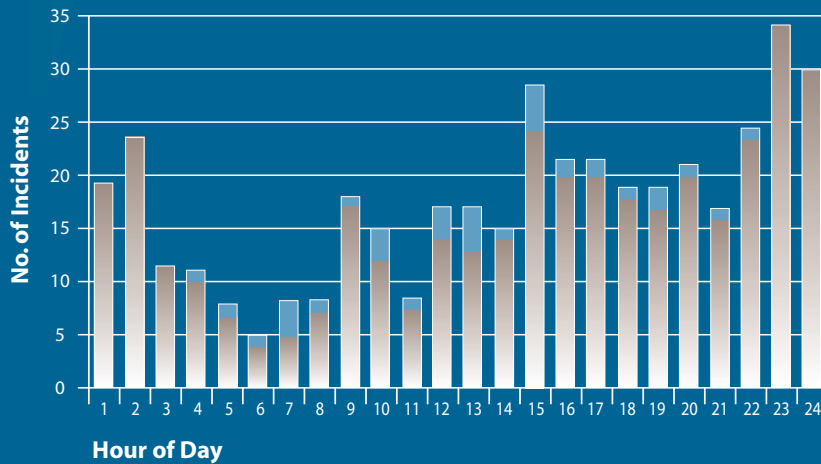


Attempt Suicide  
 Suicide

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## Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

2004 Incidents of Suicide and Attempt Suicide By Hour of Day

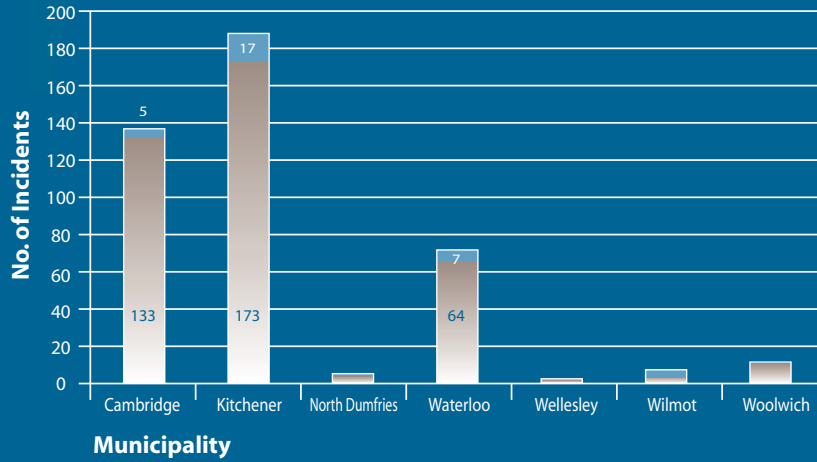


Attempt Suicide  
 Suicide

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**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

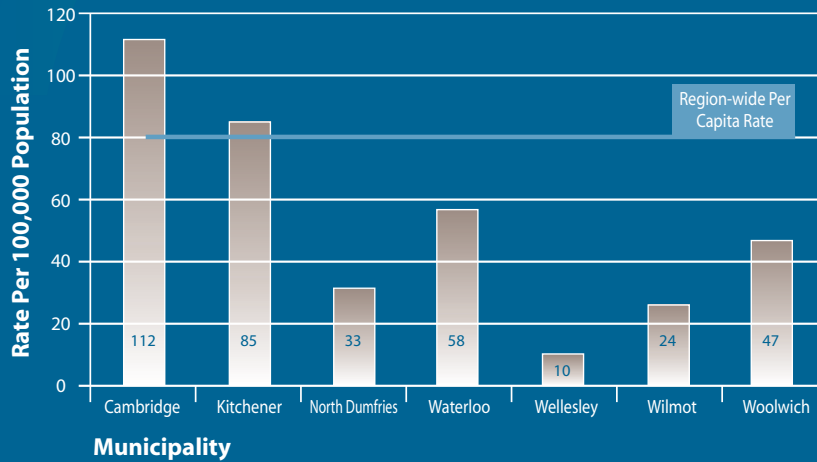
2004 Incidents of Suicide and Attempt Suicide By Municipality



Attempt Suicide  
 Suicide

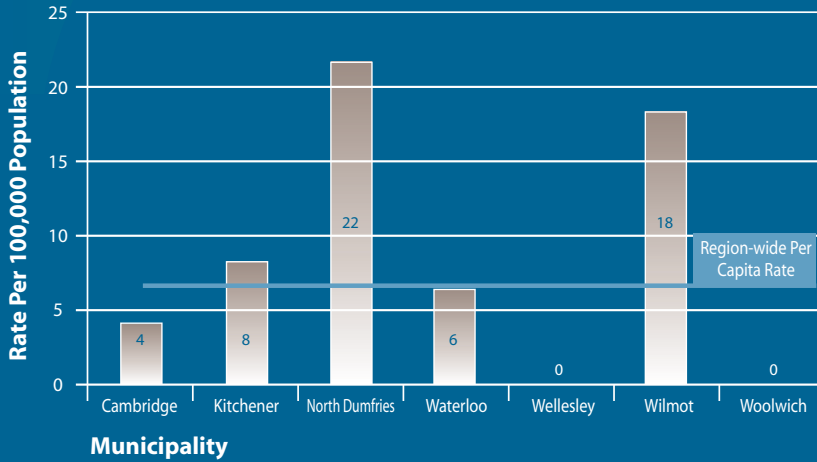
**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

2004 Incidents of Attempt Suicide By Municipal Per Capita Rate



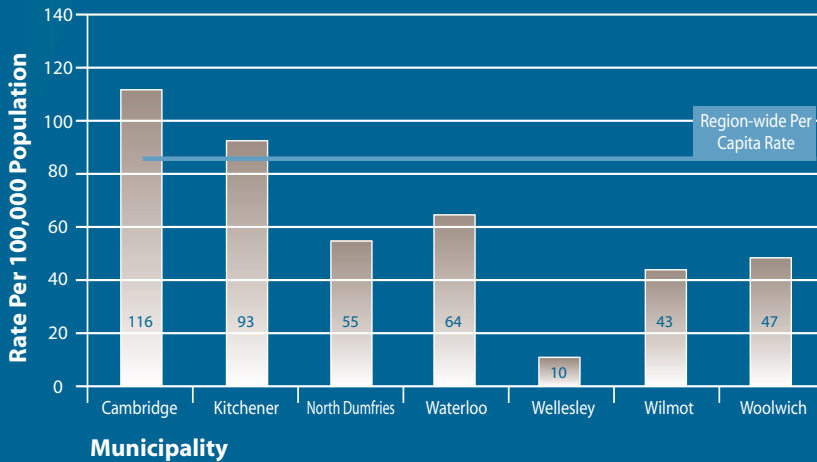
**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

2004 Incidents of Suicide  
 By Municipal Per Capita Rate



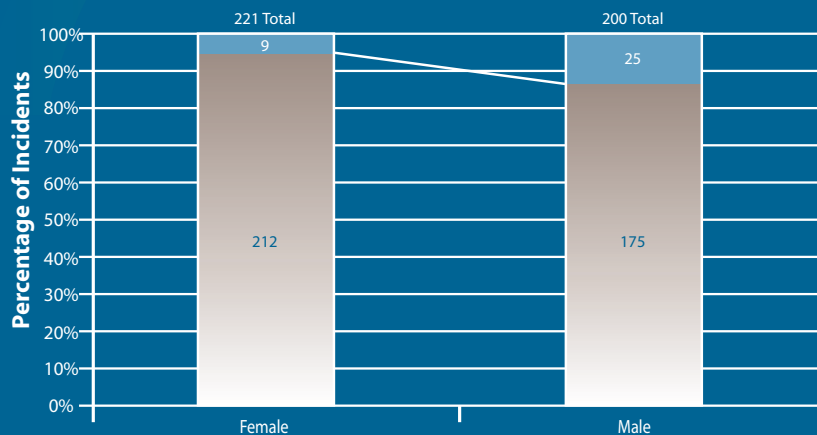
**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

2004 Incidents of Attempt Suicide and Suicide  
 By Municipal Per Capita Rate



### Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

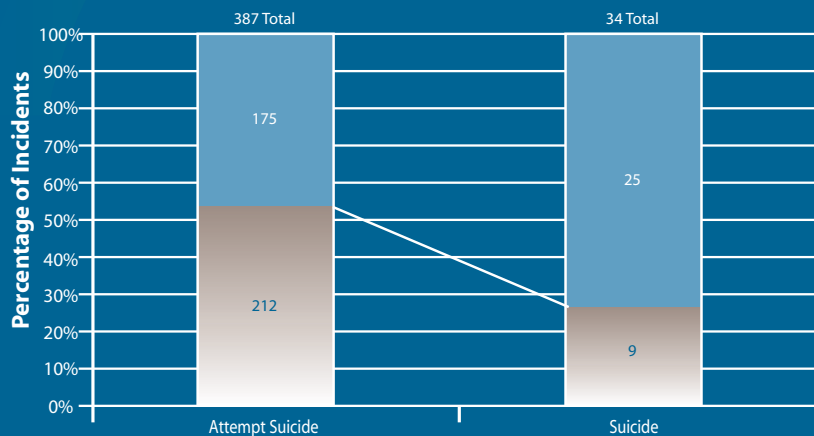
2004 Incidents of Attempt Suicide and Suicide  
 By Gender Percentage



Attempt Suicide  
 Suicide

### Details for Narrative Report of 2004 Suicide and Attempted Suicide Incidents

2004 Incidents of Attempt Suicide and Suicide  
 By Gender Percentage

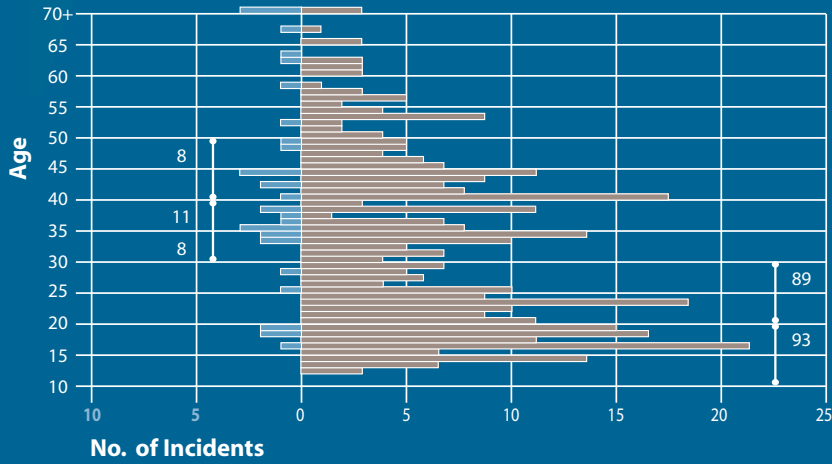


Female  
 Male



## Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

2004 Incidents of Attempt Suicide and Suicide  
 By Age



Attempt Suicide  
 Suicide

## Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

Narrative Report Indicated that  
 Subject Had Been Drinking

**ATTEMPT SUICIDE**

- In 99 incidents (of 387)
- 26%

**SUICIDE**

- In 3 incidents (of 34)
- 9%

### Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

Narrative Report Indicated that  
Subject Had Been Doing/Involved in Drugs

#### ATTEMPT SUICIDE

- In 23 incidents (of 387)
- 6%

#### SUICIDE

- In 3 incidents (of 34)
- 9%

### Details for Narrative Report of 2004 Suicide and Attempt Suicide Incidents

Narrative Report Indicated that  
Subject Had Been Diagnosed with Mental Illness

#### ATTEMPT SUICIDE

- In 88 incidents (of 387)
- 23%

#### SUICIDE

- In 22 incidents (of 34)
- 65%

**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

Narrative Report Indicated that  
 Subject Had Been Diagnosed with Physical Illness

**ATTEMPT SUICIDE**

- In 17 incidents (of 387)
- 4%

**SUICIDE**

- In 6 incidents (of 34)
- 18%

**Details for Narrative Report of 2004  
 Suicide and Attempt Suicide Incidents**

Narrative Report Indicated that  
 Subject Had Previously Attempted Suicide

**ATTEMPT SUICIDE**

- In 83 incidents (of 387)
- 21%

**SUICIDE**

- In 13 incidents (of 34)
- 38%



## APPENDIX V

### **Waterloo Region Suicide Prevention Strategy Planning Group Terms of Reference (Approved October 21, 2005)**

#### **BACKGROUND/CONTEXT**

As in many communities, a heightened interest in Waterloo Region for inter-agency action respecting suicide prevention came in the aftermath of a series of well-publicized suicides and the recommendation of a coroner's inquest (2002) that "there be continuous education for the community on mental health issues, suicides, support groups, programs and facilities. The media, school and health care professionals should be involved."

As a result of this recommendation, in the fall of 2002, a group of concerned mental health service providers in Waterloo Region began to meet as the "Waterloo Region Suicide Education Working Group". The group's work over the next year and a half laid the groundwork for the current coming-together of leaders in Waterloo Region to jointly pursue a coordinated, community level suicide prevention strategy.

Firstly, the Waterloo Region Suicide Education Working Group organized and hosted a day-long educational workshop for service providers and an evening public education forum with Dr. Paul Links where individuals were able to both learn and voice their concerns about suicide including our lack of adequate public response, the need for education and awareness of suicide as an issue, and the need to work together to prevent suicide from occurring . The Working Group also developed and administered a questionnaire to 365 service providers (September 2003 to May 2004) that focused on three key questions:

- Does your agency/service respond to individuals who are at risk of suicide?
- Does your agency/service have a suicide risk management protocol or strategy?
- Does your agency/service provide education, training or information regarding suicide prevention?

Findings indicated that while most of the service providers surveyed encountered individuals considered to be at risk for suicide, there was a lower than desirable level of suicide risk management available overall, and that the level of education, training and information regarding suicide prevention could be improved across the community.

As a next step, the Waterloo Region Suicide Education Working Group looked at garnering support for the development of a coordinated regional suicide prevention strategy. To achieve this end, the Working Group organized a meeting of key leaders in the community, under the facilitation of David Masecar, Past President of the Canadian Association for Suicide Prevention. There followed the formation of the Waterloo Region Suicide Prevention Strategy Planning Group, the committee that is now taking active responsibility for the development of a community-wide regional suicide prevention strategy. Over the course of several initial meetings extending into the spring of 2005, the Planning Group devoted itself to developing a greater understanding of the extent of suicide as an issue in Waterloo Region, and was able to discuss and articulate a clear rationale for jointly pursuing the development of such a strategy. Funding for the hiring of planning expertise to support the development of the strategy, has kindly been provided by Grand River Hospital.

#### In Waterloo Region:

Death by suicide in Waterloo Region is regarded as a significant health issue. The statistics cited below are intended to provide an overview of the issue locally. They have been selected from a much larger base of available information.

- 206 deaths by suicide occurred in the years 1994 – 1999 inclusive
- Most of these deaths by suicide were by men: 163 versus 43 for women
- Most deaths by suicide occurred in the 30-39 age group (56), followed by the number in the 40-49 age group (43)
- 8 deaths by suicide occurred among those under 20; and 30 deaths in the 20-29 age group<sup>9</sup>
- Death by suicide is the third leading cause of death among Ontario students<sup>10</sup>
- 14% of the population reported being depressed for longer than two weeks in the past year (2000)
- 8% of the population reported having a major depressive episode in the past year<sup>11</sup>
- Hospitalization rates for suicide attempts in 2001 in Waterloo Region was 94.5 per 100,000 population<sup>12</sup>
- Hospitalization for suicide attempts is higher in females than males, except in the ages 70+ where males exceed females
- Hospitalization for suicide attempts is highest in the 10-39 year age group in Waterloo Region<sup>13</sup>

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<sup>9</sup> Vital Statistics Mortality database, Office of the Registrar General, from Provincial Health Planning Database, 2003

<sup>10</sup> Addiction and Mental Health Population Studies, e-Bulletin, Centre for Addictions and Mental Health, January, February, 2003

<sup>11</sup> Canadian Community Health Survey, 2001, Population 12+

<sup>12</sup> Hospital In-Patient Data 1996-2003, Provincial Health Planning Database, January 2005, Health Planning Branch, Ontario Ministry of Health and Long Term Care

<sup>13</sup> Hospital In-Patient Data 1996-2003, Provincial Health Planning Database, January 2005, Health Planning Branch, Ontario Ministry of Health and Long-Term Care

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## MANDATE

The overarching mandate of the Suicide Prevention Planning Group is to develop, implement and oversee a coordinated Waterloo Region Suicide Prevention Strategy that will have the effect of reducing suicidal behaviour. In so doing, the group recognizes the importance of the contribution of people who have attempted to take their lives or have been affected by others' suicidal behaviour, to the planning and prevention efforts to be undertaken. In order to fulfill its mandate, the group will undertake the following tasks/activities:

- The development and approval of a Terms of Reference that clearly enunciates the purpose of the Planning Group, its membership, structure, and meeting schedule;
- The development and approval of a set of principles that will guide the group in undertaking its mandate;
- The development of a consolidated overview of the mental health (including crisis) and suicide prevention activities/services available in the community;
- The development of a coordinated longer term plan as well as a workplan for the shorter-term (two years);
- The ongoing coordination, oversight, and evaluation of the Planning Group's efforts and activities related to suicide prevention;
- The ongoing review of activities and development of priorities/workplans to be pursued through the strategy;
- The development of proposals, as required, to provide resources on an ongoing basis for the activities of the Planning Group;
- Acting in an advisory capacity, and advocating for changes as required, to local mental health planning groups and relevant government ministries;
- The management of funds from Grand River Hospital for the initial development of the Strategy; and
- The conducting of public consultation on issues related to suicide.

## MEMBERSHIP

Current membership includes:

Cambridge Memorial Hospital  
 Canadian Mental Health Association, Waterloo Regional Branch  
 Catholic Family Counselling Centre  
 Community Care Access Centre of Waterloo Region  
 Conestoga College  
 Grand River Hospital  
 Lutherwood  
 Mental Health and Wellness Network  
 Regional Municipality of Waterloo (including Region of Waterloo Public Health)  
 St. Mary's General Hospital  
 University of Waterloo

Waterloo Catholic District School Board  
Waterloo Region District School Board  
Waterloo Region Suicide Prevention Council  
Waterloo Regional Homes for Mental Health  
Waterloo Regional Police  
Wilfrid Laurier University

Membership is intended to reflect a range of stakeholders in mental health and human service services across the Region of Waterloo, including individuals and family members who have personally experienced issues related to suicide. Collectively the membership will provide the necessary stakeholder and organizational perspectives for system-level planning and implementation of the strategy. Therefore, any mental health or other human service organization in the community with an interest is invited and will be encouraged to join the efforts of the group.

## STRUCTURE

The Suicide Prevention Strategy Planning Group will be responsible for the achievement of the mandate described above, including the identification of priorities for action in the shorter term, and the accomplishment of specific tasks.

The Chair of the Suicide Prevention Strategy Planning Group will be selected by the membership from among the membership of the Planning Group.

Working groups may be established by the Planning Group as needed to accomplish specific deliverables. The Planning Group will provide guidance and direction for the Working Groups and the Working Groups will report to and be accountable to the Planning Group. Membership in any Working Groups will depend on the assigned tasks and will be determined by the Planning Group.

The Planning Group may establish and maintain communications with other committees and networks dealing with issues related to mental health/suicide in the Region of Waterloo and with people or family members who have experienced issues related to suicide. The Planning Group may, from time to time, request time on the agenda of an existing group.

## ACCOUNTABILITY

The Waterloo Region Suicide Prevention Strategy Planning Group comes together voluntarily. Its individual members are accountable to each other and the Planning Group's processes for a commitment to fully engage in the group's processes that are necessary for the achievement of its mandate. These processes include, but are not limited to, sharing information, collective planning and problem-solving, and collaboratively determining on an ongoing basis, coordinating activities that maximize effectiveness and efficiency in pursuing its mandate.

## MEETINGS

Meetings will be called by the Chair. It is anticipated that meetings will occur on a monthly basis, or as needed to achieve its mandate. Times and locations of meetings will be determined by the preferences of the members, and the availability of space.

## DURATION OF THE PLANNING GROUP

The Suicide Prevention Planning Group will continue to meet as long as there is a demonstrable need for it and its work is of value to the community. In order to ensure it continues to be relevant and needed, its mandate and the commitment of the members will be reviewed on an annual basis. The Terms of Reference will be revised, as indicated in that annual review.



## NOTES

## NOTES