

November 7, 2012 Fireside Chat

Suicide Prevention: Innovative Approaches and Best Practices.

With thanks to our presenters, here are responses to questions that were unable to be answered during the questions & discussion period.

Q: Is there an age limit to who can take the Mental Health First Aid (MHFA) course?

A – Sjors Reijers: There is no age limit, though the course is designed for adults in regards to learning styles and level of comprehension required. We are looking into a peer-to-peer adaptation that will be aimed at younger learners.

Q: Is the MHFA course offered for high risk inner-city FN youth & adults?

A – Sjors Reijers: The MHFA course is offered for all populations in Canada. Where the course covers early detection of signs and symptoms as well as the administration of crisis first-aid, these should be fairly consistent across demographics. As the course is offered across the country by over 700 trainers, including those that work with the CMHA in most urban centres, where there is an interest among high-risk populations to be trained in MHFA, it is likely occurring.

Q: In addition to MHFA, what tools or strategies do you recommend to workplaces to support mental health in the workplace and reduce potential suicides.

A – Sjors Reijers: Earlier this year, the Mental Health Commission of Canada released a new publication aimed at the workplace called “Psychological Health and Safety: An Action Guide for Employers” that includes 30 actions and strategies that can be implemented in the workplace to improve mental health. It can found here:

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce_Employers_Guide_ENG.pdf

A – Dammy Albach: CASP has produced some materials relevant to this issue as well. See

- Hope and Resiliency at Work - <http://www.suicideprevention.ca/wp-content/uploads/2012/09/CASP-Hope-at-Work-12-1432.pdf>*
- Becoming Suicide Safer: A Guide for Service Organizations - <http://www.suicideprevention.ca/wp-content/uploads/2010/06/Becoming-Suicide-Safer1.pdf>*
- Also from the Centre for Applied Research for Mental Health and Addictions (CARMHA) here in BC about Workplace Mental Health - <http://www.carmha.ca/publications/by-topic/workplace-mental-health>*

Q: Is there any spiritual component in the MHFA curriculum?

A – Sjors Reijers: There is no spiritual component that is explicitly part of the course, though through the ALGEE model for intervention one of the actions is “Encourage other supports” and spiritual supports are identified and briefly discussed in that section.

Q: All of the presentations rely on individually focused interventions and prevention methods. Are any of you familiar with the Minority Stress Framework that suggests that mental illness indicators, including suicidality rise significantly in communities that experience stigma and discrimination? Are there any national projects that are addressing the link between social stigma and suicidality? To be clear I mean how stigma related to things like homophobia, racism, classism, etc. that lead to suicidality, not the stigma related to mental illness or suicide. For instance, I work with LGBT communities who experience extremely high rates of suicidality. There are strong correlations between high rates of suicidality and experiences of violence, victimization and bullying. Addressing the homophobia, biphobia and transphobia that our communities experience would go a long way to preventing suicides in our communities.

A – Dammy Albach: Would suggest you connect with Vikki Reynolds <http://www.vikkireynolds.ca/index.html> (N.D.) and also take a look at: Reynolds, V. & White, J. (2012). Hate Kills: A social justice response to “suicide” – As an FYI, Viki Reynolds delivered her presentation, “Hate Kills, a social justice response to suicide” at last year’s CASP Conference in Vancouver as a keynote address. It was given to a packed house of almost 300 people with a stake in suicide prevention. It received a standing ovation and was cited as the best offering of the conference by more than half of all participants.

Q: Further to the question about homophobia, biphobia and transphobia...one of the barriers for LGBTQ people to use crisis support lines is concern about whether the person who answers the line is aware of LGBTQ issues and will be supportive and accepting. Is anyone integrating LGBTQ content into their training for crisis volunteers to eliminate biases related to homo/bi/transphobia?

A – Dammy Albach: I polled several large Distress Centres I am connected to through the meetings around the establishment of the Distress Line Network and I have included their responses below. It would appear that there is real attention being paid to these issues – however if we had a national standard around training/accreditation for Distress Lines we could be more certain this happened at all centres in the nation.

- We ask screening questions around these issues in the initial volunteer interview. We have a guest speaker come in and do a full session about LGBTTTQ* issues....sort of an introductory session that covers definitions, history, homophobia, transphobia and how we can be helpful on the phone lines, etc. Volunteers will be screened out of training and not invited to work on the lines if they are not able to be in line with a pro-diversity approach.*
- I think that we first begin addressing ideas of oppression and stereotyping in our screening. Our values of working from a feminist, pro-choice and LGBTTTQ positive perspective are generally included in material related to volunteer opportunities. Volunteers are also informed of these values before they come in for their intake interview.*
- The first few evenings of training explore our feminist values and understanding of oppression and power in society. We do a full night on sexual and gender diversity. For the past few years, Brad Tyler West has come as a guest speaker (and also goes out to Brandon). He spends the evening exploring gender, sex and sexuality, as well as the political history of sex, gender and sexuality issues in Canada.*
- While we do dedicate an entire session to the exploration of LGBTTTQ material, we don’t then simply check that material off our list and never include it again. I believe that we also continue to include reference to these issues throughout training, through role*

plays, and in general discussion. Having said all that, I don't think that we expect our volunteers to be especially knowledgeable of LGBTTTQ issues, I think more so we simply expect them to be open, curious and supportive, and to hear about the callers' situations as the callers' rather than as a people defined by their gender, orientation, or anything else (unless that is how the callers choose to define themselves).