Connecting Canada:
supporting emotional and mental health and preventing suicides

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Janet Smith       Program Manager, Manitoba Farm and Rural Support Services; Manitoba Suicide Line (Klinic)
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September 10, 2014 – 2:00 – 3:15 p.m. ET
Important! Send questions/comments to: ‘All Participants’

“The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.

Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes.”
Program areas and priorities (2013-2015)

- Workplace
- Anti-Stigma
- Housing and Homelessness
- Mental Health First Aid
- Suicide Prevention

Mental Health Strategy of Canada
Suicide Prevention Webinar Series

Purpose

• Focus on suicide prevention, postvention and intervention across the lifespan;
• Share knowledge, resources and lessons learned with Canadians; and
• Showcase promising practices from across Canada and abroad.

Learning Objectives

• Create and exchange knowledge about the topic;
• Understand link between suicide and mental illness;
• Increase levels of comfort and confidence in addressing and discussing suicide;
• Increase awareness of resources and how to access them.
World Suicide Prevention Day – Sept 10

“Connecting Canada”

...connection with oneself, with others, and a community is critical to an individual’s sense of hopefulness and wellbeing.

Community event listings here:
http://www.mentalhealthcommission.ca/English/issues/suicide-prevention/wspd-community-events
Virtual Suicide Prevention Conference

“Connecting Canada: Conversations about Communities, Collaboration & Hope”

November 19-21, 2014

NEW, EASY and EXCITING way to attend a national conference on suicide prevention, postvention & intervention!

Register here: www.caspconference.ca

Email: suicideprevention@mentalhealthcommission.ca
Agenda

• Introductions
• Connections – why they help
• Canadian Distress Line Network, a little history and a look at the present
• Community Development Model
• Strengths and gaps in Distress and Crisis lines/services
• Distress Centres Toronto – an urban case study
• Manitoba Farm and Rural Support Services – a rural case study
• What the future holds?
• Q & A
Presenters

**Elizabeth Fisk** – Executive Director, Distress Centres Ontario; Executive Team Member, Canadian Distress Line Network

**Karen Letofsky** – Executive Director, Distress Centres Toronto

**Janet Smith** – Program Manager, Manitoba Farm and Rural Support Services; Manitoba Suicide Line (Klinic)
Connections Help – some background info

• 10% of Canadians reported symptoms consistent with mental health or substance abuse in the previous 12 months (Canadian Community Health Survey on MH 2012)

• Each day 11 people die by suicide in Canada and 210 people attempt (CASP)

• Psychological wellbeing concerns include experiencing mood disorders (50%); anxiety (25%); substance abuse (50%)

• Social Support = people to turn to when in need/crisis help to have a broader focus of life issues/enhanced quality of life/buffer against adverse life events (University of Minnesota)
Connections Help – distress centres/lines

• 40+ years of psycho-social support
• Predominantly telephone based, expanding to include on-line
• Many started as grass-roots organizations using volunteers
• Services range from emotional support to crisis intervention to suicide prevention/intervention/postvention
• Ability to access these services varies across the country
Canadian Distress Line Network

Initiative started in 2002

Engaging organizations focusing on distress and crisis centres services and suicide prevention

Focus on building a national network with formal structure

CDLN is a Work-in-progress

Dedicated to enhancing personal resiliency for individuals who are emotionally vulnerable and/or in crisis
Canadian Distress Line Network

Initiatives include:

• Knowledge transfer
• Pan-national best practices
• Establishment of a national suicide l-800 service accessible by all Canadians anywhere in the country
Community-based = Community Development

• Links to local community agencies and existing services
• Works to strengthen and improve the immediate condition of vulnerable individuals
• Members of continuum of care in communities
• Hybrid service model – use staff and highly trained volunteers to offer services
• Trained in suicide intervention and risk assessment and prevention
Service Strengths

• Highly trained call-responders who are *empathic and non-judgmental*

• Provide a wide range of interactions from emotional support to crisis de-escalation to interventions

• Referrals to community resources or services

• Experts in de-escalation

• Situations don’t proceed to crisis situations

• Call-in and call-out services

• Telephone and chat-based (IM and texting) services
Service Strengths (cont’d)

• Not a ‘big box store’ approach to service delivery
• Majority have 24/7 access in their regions
• Social support network (safety net) for vulnerable and at risk individuals
• Data collection on the psychosocial health of callers
• Well established training insures responders provide high quality de-escalation support
• Linked to local suicide prevention networks in their communities
Service Gaps

• Services are primarily concentrated in and around urban centres
• Funding models not always consistent or sustainable
• Training and service delivery varies across Canada
• Still a heavy dependence on fundraising or grant applications
• Technology is not always linked or consistent
• Struggles with 24/7 coverage in many areas
Suicide Prevention
An important service component.

• Call-takers have specialized training in suicide prevention techniques (including ASIST)
• Centres have established intervention protocols with EMS, 911 and local police services
• Support to at-risk individuals, suicide survivors, concerned third parties and service providers
• Offer follow-ups and call-outs to at-risk individuals (wrap-around service)
• One easy-to-remember pan-national # will help prevent suicides

1-800 national suicide prevention service – a very important next step
A National 1-800 service model – what it can look like
Case studies

What the system looks like now; an urban and a rural example
Distress Centres Toronto – an urban case study

The Facts

• Oldest Crisis Helpline in Canada, November 1st, 1967

• City of 3+ million residents, one of the most linguistically diverse in the world

• Current agency is the result of the amalgamation of four independent helplines

• Offer multiple mental health and crisis response services through one central access number
Distress Centres Toronto – an urban case study

The Facts

- Organizational model includes 3 networked locations and a call responder staff of 400 volunteers
- Annually receive more than 130,000 calls
- Annually respond to 78,000 calls
- 80% of calls answered within best practice guidelines of 15 minutes or less
- Average time to answer is 2:20 minutes
Distress Centres Toronto – an urban case study

Good To Know

• 60% of our calls received after-hours when other services are shut down

• Identified as an after-hours resource by most agencies / professionals in the social services / mental health sectors

• Support provided across the continuum from the emotional engagement of socially isolated individuals to management support with situations of emotional distress to crisis response / intervention with vulnerable individuals at risk
Distress Centres Toronto – an urban case study

Good To Know

• 68% of our callers have an identified mental health concern
• 13% of our callers talk about suicide in their contacts with us
• 58% of our callers are known repeat users of our service
• More than 7,800 volunteers have graduated from one of our intensive 50-hour training courses, many going on to careers in mental health service provision

AND

• Only 30% of our annual budget is funded by City of Toronto or United Way. We need to fundraise $700,000 annually
Distress Centres Toronto – an urban case study

Our Services

• 24 / 7 Distress Line: (416) 408-HELP. TTY line, 173-language interpreter service

• Survivor Support Program: Face-to-face support in the aftermath of deaths by suicide and / or homicide

• Caller Reassurance Program for Seniors: Scheduled call-outs to rostered isolated elderly with mental health concerns

• Community Outreach and Education: Consultation and training

• Community-Based Suicide e-Resource Centre: On-line library
Distress Centres Toronto – an urban case study

Our Partnership Programs

• EMS Warm Transfer Line: Dedicated support line for suicidal callers waiting for Emergency Medical Services to arrive on scene

• PARO Helpline: dedicated Ontario line for medical students and residents in crisis

• Crisis Link: In partnership with Toronto Transit Commission & Bell Canada, a suicide direct-dial hotline from every subway platform

• St. Elizabeth’s: Overnight coverage of their crisis line
Distress Centres Toronto – an urban case study

The Challenges

• Responding to surges in the aftermath of local, national, international events. e.g. post Robin Williams’ suicide, a doubling of calls to the helpline and increased wait times, from new callers in crisis to the worried well

• Prioritizing crisis calls on a general helpline with heavy volume
Distress Centres Toronto – an urban case study

The Challenges

• Building capacity to respond to increasing demand for service

• Commitment to volunteerism as a service model (evidence-based research) when the volunteer culture is changing

• Keeping up with technology and its impact on program delivery

• Lack of multi-year sustainable funding
Distress Centres Toronto – an urban case study

The Opportunities

• Innovative Service Delivery Models
  - Hybrid: paid staff and volunteers
  - Fee-for-service dedicated lines

• New Service Delivery Channels
  - Technology
  - Face-to-face

• Collaborations
  - For-profit with not-for-profit
  - Professional and volunteer
  - Multi-agency
  - Distress Centres Ontario
Distress Centres Toronto – an urban case study

The Opportunities

• Integrated Helpline Services
  - 1-800 Suicide
  - Crisis Chat / Text

• Development of Best Practice Standards
  - Knowledge exchange
  - Community capacity building
Manitoba Farm and Rural Support Services – a rural case study

• Began in 2000 as response to the on-going farm crisis in MB.

• Specialized service: recognition that the agricultural population has unique needs and cultural attributes (‘agri-culture’)

• Research has shown that farming is one of the world’s most dangerous and stressful occupations (WHO). People in rural and remote communities (incl. First Nations) are at higher risk of suicide due to access to lethal means, reduced access to mental health services, and lower help-seeking behaviours among others.
Manitoba Farm and Rural Support Services – a rural case study

- Also serve rural and northern MB (50% of pop live outside city of Winnipeg)
- Fully funded by provincial government (Dept. of Health) and administered by Klinic Community Health Centre (Winnipeg)
- Office located in Brandon (agricultural ‘hub’)
- Paid professional counseling staff with farming backgrounds and trained volunteers (‘hybrid model’)

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Mandate

“To provide information, support, counselling and referrals to farmers, rural & northern Manitobans.”
Services

• Open Mon to Fri 10 AM to 9 PM, incl. holidays
• Volunteer Training Program (2007) enabled us to share the Crisis Line and the Manitoba Suicide Line with Klinic. Led to increased access to lines, enhanced program morale and quality outcomes
• On-line support (email helpline and chat (IM) 2010.
• Website, social media (Facebook, Twitter and Youtube)
• Outreach and public education
• Suicide Bereavement Support Group (partnership with local suicide prevention committee)
www.ruralsupport.ca
E-mail helpline

Manitoba Farm & Rural Support Services

Email a Counsellor

Would you like to connect with us by email? Drop us a line at help@ruralsupport.ca.

Stress Getting to You? Let's Talk..

DISCLAIMER: Hours of operation are Monday - Friday, 10am - 9pm. We will do our very best to answer you during these hours, but we cannot guarantee an immediate response. If it is an emergency, and
Live Chat

Chat Support Line

Our Chat Support Line allows you to connect with a counsellor in ‘real time’. Using the confidential chat (IM) program, you can talk privately with one of our counsellors during our hours of operation. Just log on and begin chatting with us.

What is the Chat Support Line? It’s a safe place to discuss things that may be difficult to talk about anywhere else. Our counselors are here to listen and support you, and help you find ways to get through this difficult time.

Who is it for? The Chat Support Line is for anyone (in Manitoba Canada) who is going through a hard time and needs a safe place to talk. All ages and backgrounds can access our Chat service.

What we do on the Chat Support Line:
- Listen to what is going on with you today;
- Support you in a non-judgmental way;
- Help you explore your feelings, thoughts and options;
- Ask you questions about suicide, and let you know its ok to talk about suicide;
- Explore positive next steps and actions.

What we don’t do on the Chat Support Line:
- Give advice.
- Solve your problems.
- Judge or criticize.
- Chitchat

Chat Etiquette:

Stay Healthy. Stay Connected

Our counseling services are free, confidential, and non-judgmental.
Just pick up the phone and call us toll free at 1-866-367-3276, email us at help@ruralsupport.ca or chat with us through the Chat Support Line.

FAQ | Privacy | Disclaimer
For information on our services:
Call: 204-571-4182
Email: info@ruralsupport.ca
Some statistics

• Manitoba Farm and Rural Support Services averages approx. 1800 calls/yr.
• Klinic Crisis Line averages approx. 30,000/yr
• Manitoba Suicide Line averages 3,260 calls/yr.
• Callers reach out to us for a variety of different reasons
Challenges & Opportunities

• Need for more resources for outreach and public awareness

• Increased funding for on-line emotional support (software, extended hours of operation and promotion of service)

• Encourage help-seeking among higher risk populations (farmers, youth, First Nations)

• Respond to growing needs of rural immigration

• Partnerships with other programs offering crisis support and suicide prevention for farm, rural and northern populations.
Why the CDLN has a good idea!

• Canadians need access to one easy-to-remember, free and confidential national Suicide Prevention Service (telephone and on-line)

• A routing system will enable calls to be directed to provincial crisis lines that are part of the Network, thus responding to unique regional and cultural needs of the caller

• This service will be answered by trained crisis line workers (paid and volunteer) who specialize in suicide prevention and crisis intervention (the ‘hybrid model’)

Why the CDLN has a good idea

• The CDLN will support the various regional distress and crisis lines who are currently operating independently and with varying standards through: best practices, a Canadian accreditation process, and knowledge exchange

• It is also hoped that the CDLN will help newer and under-funded crisis lines to reach their full potential
CDLN and where do we go from here!

Formalizing the structure of a National Network including best practices, accreditation and knowledge exchange

Develop partnerships to support the development of a National 1-800 service within 12 months

How will YOU help to support this initiative??
Questions for Presenters?

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Continue the conversation by visiting MHCC’s Collaborative Spaces:  
http://www.mentalhealthcommission.ca/English/mhcc-collaborative-spaces

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