Mental Health Commission of Canada | Commission de la santé mentale du Canada

Request for Proposals

Roots of Hope: A Community Suicide Prevention Project

Background

Suicide prevention is a major public health issue and leading cause of death in Canada. *Changing Directions, Changing Lives: A Mental Health Strategy for Canada,* states that suicide prevention is a national health priority (2012). However, in the last ten years, suicide rates in Canada have not changed. According to Statistics Canada, more than ten people died each day by suicide and over 4,000 Canadians in 2014. The suicide rate for males was three times higher than the rate for females (17.9 versus 6.1 per 100,000 people), and people aged 40 – 59 had the highest rates overall (2017).

Nationally and internationally governing organizations are calling for more action on suicide prevention. The World Health Organization (WHO) has underlined the critical importance of suicide prevention to public health and urges countries to develop or strengthen comprehensive suicide preventions strategies (2014). The Government of Canada has established suicide prevention as a national health priority through the passing of Bill C-300 (Parliament of Canada, 2012). As well, *Changing Directions, Changing Lives: A Mental Health Strategy for Canada* called for significant efforts to be funded and implemented which are directly aimed at reducing suicidal behaviour, but that are part of an overall strategy and response to mental health. These efforts are in addition to the work of many communities and other organizations to prevent suicide. However, efforts have not yet been able to substantially lower suicide rates.

To try to reduce the impacts of suicide in Canada, the MHCC is implementing a community-based, "made in Canada" approach which the MHCC has named *Roots of Hope: A community suicide prevention project* (abbreviated in the future to *Roots of Hope*). MHCC will work with communities to build upon existing research to implement promising suicide prevention interventions (Zalsman et al., 2016). The goals of the project are to develop an evidence base for a multicomponent approach to community-based suicide prevention, including best practices and suicide prevention guidelines and tools to support implementing suicide prevention activities across Canada.

The approach used in the project draws heavily on national and international best practices in suicide prevention and will involve experts and leaders in Canada including from First Nations, Inuit and Métis communities. Initial consultations on this project have shown broad stakeholder support for undertaking a Canadian community-based suicide prevention initiative of this kind.

Project Design

Roots of Hope will focus on simultaneously implementing interventions within five areas:

- **Specialized supports:** which would include a range of possible prevention, crisis and postvention services such as peer support, support groups (including self-help), workplace interventions, and coordinated planning and access.
- **Training and Networks:** that better equip both health workers (physicians, nurse practitioners, etc.) and community gatekeepers (first responders, HR staff and managers, teachers, etc.) by providing access to training and ongoing learning opportunities.
- **Public awareness campaigns:** locally driven campaigns (posters, brochures, social media, etc.).
- **Means restriction:** support communities to identify "hot spots" (the methods or places where a high number of suicides occur) and to implement measures to restrict access to these methods of suicide (e.g., building barriers on bridges or at railway crossings, protocols for medication access).
- **Research:** to increase the evidence base for the *Roots of Hope* model, including developing an outcome indicator framework and processes and infrastructure necessary to capture consistent data on suicide.

The project will draw on the existing capacity and services available within each community as well as fund new services. The MHCC will work with communities to develop an Action Plan which is grounded in the best available evidence while also being tailored to the local context and priorities. As such, the specific interventions delivered under each of the abovementioned five areas may look different across communities.

Timing

The project will be implemented in four phases over five years as outlined below:

1. **Planning and Preparation (Year One):** selecting communities, developing partnerships and developing the research design and protocol (measures, data collection, ethics).
2. **Implementation (Years Two and Three):** project sites will implement the intervention and as needed MHCC will provide training and support. This phase will also involve initiating data collection.
3. **Reporting and Knowledge Exchange (Year Four):** publishing final reports presenting evaluation findings on implementation and the piloting of a set of outcomes; the development of policy recommendations and implementation toolkits; and supporting knowledge exchange efforts.
4. **Scaling Up (Year Five):** ensuring sustainability with the community and supporting other communities across the province and elsewhere in Canada to implement the evidence-based practices that are developed.

Confirmed Communities

At present, the *Roots of Hope* model will be rolled out within five to six communities across Canada. The sites are a combination of small, rural/remote communities (population of 10,000 or less) and likely some larger urban communities. Some of the priority populations in these areas include men and female youth. The sites have varying levels of involvement with local research teams, and data collection on suicide is at different stages in each of the communities.

Until a community publicly announces its involvement, the specific communities are not being named. It is anticipated that additional sites will confirm participation, as such, the evaluation design will need to be flexible enough to accommodate this possibility.

Each community will also undertake research project/s of relevance to the local context, developed and implemented in close collaboration with local research teams. Further information about the role of local research teams is provided below.

Local Research Teams

Local research teams will be responsible for collecting implementation and outcome data for use within the national-level evaluation, and negotiating with a national-level Principal Investigator (PI) contracted by the MHCC around processes and systems for data collection and management. It is anticipated that these teams will be funded via, and report to the Provincial/Territorial authority, but will work in partnership with the national-level PI to ensure that the aims and objectives of the national-level evaluation are met.

Local research teams will participate in a Community of Practice across sites (delivered by the MHCC with the national PI). These will allow for the PI to provide guidance and capacity building to support research design and data collection, broker relationships, and facilitate knowledge exchange activities, (e.g. providing advice and input to research protocols, data collection and management processes and systems etc.). As needed, the MHCC will offer training to communities on the implementation of interventions through the delivery of webinars, participation in the Community of Practice and in-person meetings.

Work Requirements

The MHCC is seeking to engage a PI to lead a national-level evaluation and provide advice and support to local research teams. The PI will have responsibility for research governance, leading a national-level evaluation across sites, and coordinating with the MHCC to launch and sustain a Community of Practice of site-level researchers.

Given the small size of the communities currently engaged in the project, and the nascence in some areas of data collection relating to suicide, evaluation activities within the current contract will focus on implementation of the interventions, and the development and piloting of an outcome indicator framework and associated local-level data collection infrastructure and processes (including preliminary outcome data collection).

The following deliverables operationalise the above-mentioned responsibilities:

Deliverables

1. Quarterly Community of Practice meetings with local research teams via tele/videoconference
2. Meetings with communities as agreed with MHCC (at least one in person per annum)
3. Within 3 months of site commencement (6 months where site does not have existing links with local researchers), develop and implement a Memorandum of Understanding or similar with local research teams around data collection, management and reporting, intellectual property, etc.
4. Delivery of three technical reports to the MHCC:
    a. Evaluation plan, outlining methodology, program logic model, timeframes and milestones, resourcing and budget (due June 29, 2018)
    b. Development of outcome indicator framework (due December 15, 2021)
    c. Results of formative evaluation, including preliminary outcome data (due March 31, 2022)
5. Annual reporting outlining progress against evaluation plan (due end-March 2019, 2020 and 2021) – length and structure of report to be agreed with MHCC

Proposals

Proposals to complete the deliverables will be accepted until 5PM ET on Friday March 2, 2018 and should include the following:

1. A statement of how the project will be undertaken, including research questions, methods, analysis and deliverables (no more than 10 pages);

2. A list of names, CVs, and roles of project team member(s);

3. A proposed timeline for deliverables;

4. A detailed budget and cost proposal.

The budget shall not exceed $400,000 (including GST, PST, and HST, where applicable) for the work in the five to six identified communities and all work must be completed by March 31, 2022. Subject to the availability of ongoing funding, this contract may be extended for an additional one (1) year, and annual budget may be increased if additional communities sign on in future.

Please send proposals to Aimee LeBlanc, Manager, Prevention and Promotion: aleblanc@mentalhealthcommission.ca

Evaluation Criteria

Proposals will be assessed based on the following criteria:

Essential:

- Strong academic background in applied health and/or social research
- Expertise in program evaluation
- Experience in the conduct of multi-site, community-based intervention research
- Demonstrable links with applied health and/or social researchers in academic settings (i.e., universities, teaching hospitals) across Canada

Assets:

- Bilingualism
- Expertise in suicide prevention, intervention and postvention

The MHCC reserves the right not to accept any of the proposals submitted through this process.

Mental Health Commission of Canada | Commission de la santé mentale du Canada

Reference List

Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* [Internet]. Ottawa, ON; 2012. Available from: http://strategy.mentalhealthcommission.ca/download/

Parliament of Canada. *An Act respecting a Federal Framework for Suicide Prevention* [Internet]. Ottawa, Canada: Parliament of Canada; 2012 p. 1–6. Available from: http://www.parl.ca/DocumentViewer/en/41-1/bill/C-300/royal-assent

Public Health Agency of Canada. *The Federal Framework for Suicide Prevention* [Internet]. Ottawa, ON; 2016. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html

Statistics Canada. *Suicides and suicide rate, by sex and age group* [Internet]. CANSIM table 102- 0551. 2017. Available from: http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm

Statistics Canada. *Suicide rates: An overview* [Internet]. Catalogue no. 82-624-X. Available from: http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm

World Health Organization. *Preventing suicide: A global imperative* [Internet]. Geneva, Switzerland; 2014 p. 1–92. Available from: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V., Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J. P., Sáiz, P. A., Lipsicas, C. B., Bobes, J., Cozman, D., Hegerl, U., & Zohar, J. Suicide prevention strategies revisited: 10-year systematic review. 2016; *Lancet Psychiatry, 3 :* 646-659.