# PROJECT NØW #ZeroSuicide

A future with no child and youth suicide starts today





October, 2019













## **Table of Contents**

### Introduction

- Youth Trends in ED Visits
- Our Why Suicide Statistics in the Region of Peel
- Zero Suicide Initiative
- Global Zero Suicide Initiatives
- A Unique Opportunity in Peel
- Partnership and Project Timeline
- Project Zero Partners

### **Project Development**

- Project Zero Strategy Placemat
- Who We Are: Project Zero Manifesto
- Project Zero Governance
- Project Zero Youth and Family League

## **Next Steps**

- Current Areas of Focus
- Project Zero Process Map
- Phase One Workstreams
- Phase One Next Steps



INTRODUCTION

## **Youth Trends in ED Visits**

Among Peel students in grades 7 to 12, 33% felt like they "did not know who to turn to" when they wanted to discuss mental health or emotional health issues\*\*\*.

• Female students (44%) more commonly reported feeling like this compared to male students (24%), a proportion which has increased over time between 2013 (34.2%) and 2017 (43.9%)\*\*\*.

ED visits for mental health disorders among children and youth have increased over time\*\*\*.

- In 2016-17, more than 2,400 youth visited Trillium Health Partners' Emergency Department for mental health supports a number that is predicted to increase\*\*.
- Between 2003 and 2016, ED visits for mood and anxiety disorders have more than doubled among individuals ages 0-14 years, and among individuals ages 15 -24 years over the same period of time\*\*\*.
- Females have higher rates of ED visits for anxiety, mood, personality and eating disorders, while males have higher rates of ED visits for substance-related and schizophrenia/psychotic disorders\*\*\*.



## **Our Why – Suicide Statistics in the Region of Peel**

In 2017, leaders in the healthcare, education, and community sectors began having initial discussions about the suicide rate of children and youth in the Region of Peel.

Statistics in the Region of Peel were alarming:

- In 2016, 10 youth died by suicide and 157 youth attempted suicide in Peel Region, an increase of 52% from 2012\*.
- In 2017, 14% of Peel students in grades 7 to 12 seriously considered attempting suicide, and 4% attempted suicide in the past 12 months\*\*\*.
  - The prevalence of suicidal thoughts is twice as high among female students (20%) as compared to male students (9%)\*\*\*.
- In 2016, there were 448 ED visits due to deliberate self-harm and suicide among ages 0-24 years in Peel (41 ED visits among 0-14 years; 407 ED visits among 15-24 years)\*\*\*.
- In 2016, there were 119 Hospitalizations due to deliberate self-harm and suicide among ages 0-24 years in Peel (20 Hospitalizations by 0-14 years; and 99 Hospitalizations by 15-24 years)\*\*\*.

There was a recognition that we needed to think and connect differently if we wanted to ensure that no child or youth dies by suicide in our community.



## Zero Suicide Initiative

Our leaders knew that suicide is not a simple or even a complicated problem, it is a complex problem that requires a systems thinking approach. They began to look at a best practice collaborative suicide framework.

The foremost example of a systems thinking approach to suicide lies in the **Zero Suicide Initiative**. Zero Suicide implementation requires transformative change that cannot be borne solely by the practitioners providing clinical care.

Zero Suicide requires a system-wide approach to improve outcomes and close gaps and encompasses the following:

- ✓ The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable.
- The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system.
- ✓ A systematic approach to quality improvement in these settings is both available and necessary.
- For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.



## **Global Zero Suicide Initiatives**

In thinking about how we could work together to make a collective impact, a high level jurisdictional scan was done to better understand what work was being done using a Zero Suicide approach.

A number of collaborative examples were identified across the globe:



✓ Henry Ford Health System ✓ Centerstone

- Institute for Family Health
- ✓ Zero Suicide Institute
- Healthy St. Mary's Partnership
- Central Arizona Programmatic Suicide Deterrent System
- ✓ National Suicide Prevention Lifeline
- ✓ US Airforce

- Nuremburg Alliance | European Alliance Against Depression The Mindfulness Initiative **Mersey Care**
- 113 Zelfmoord Preventie
- Ireland National Suicide Prevention Strategy 2015-2020

Suicide is the 2nd leading cause of death in the world for those aged 15-**24 years\***.

**Globally, among young** adults (15-29) suicide accounts for 8.5% of all deaths\*\*.

LifeSpan –Black Dog Institute

CEAN

(2018) World Health Statistics Data Visualizations Dashboard.

(2014) Preventing suicide: a global imperative, WHO

## A Unique Opportunity in Peel



While many global Zero Suicide initiatives are based on a collaborative approach, typically they were largely health sector focused.

In our culturally diverse and growing community, there is a need to learn from each other, broaden our scope, and build on the work being done by our community, education, and health sector partners.

A unique opportunity was identified in the City of Mississauga and Region of Peel to bring together a fully coordinated, community-wide initiative that included a unique partnership between the healthcare, education, and community sectors.



## **Building the Partnership and Planning the Work**

Project Zero Partner Workshops March 2018

Project Zero Executive Committee September 2017 to present

**Project Zero Steering Committee** 

November 2017 to present

Integrated Resiliency Partnership Community Working Group

August to September 2017

Integrated Resiliency Partnership Kick-Off Meeting

June 13, 2017

#### Foundational Documents:

- Project Zero Backgrounder
- Annotated Bibliography
- High Level Implementation Workplan
- Jurisdictional Scan
- Project Governance
- Rapid Review of Literature
- Project Manifesto

## Focused Presentations created for:

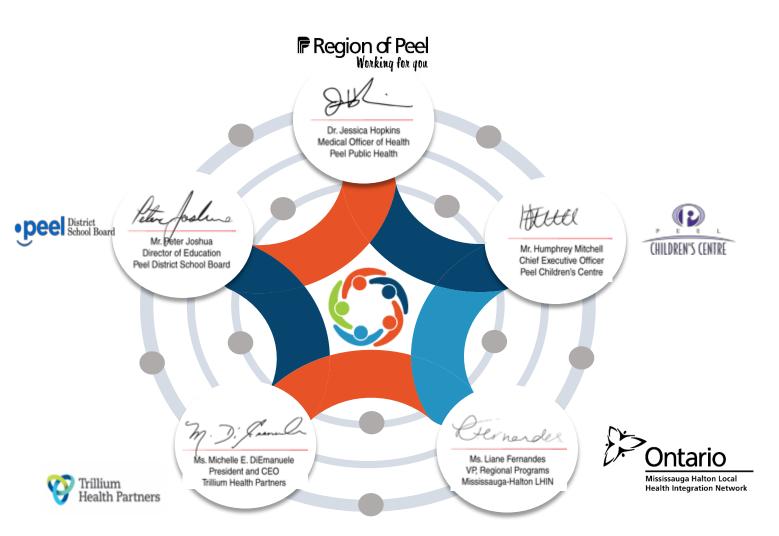
- Mental Health Commission of Canada
- Transformational Donor
- Community Donors
- Healthy Cities Stewardship Centre
- Institute for Better Health
- Ministry of Health & Long Term Care

## **Project Zero Partners**

We have a credible and willing coalition of partners who are working together to identify how we can make improvements in the system.

Partners have experience and success in change management and working across sectors to break down barriers towards a common goal.

Project Zero partners have pledged that together, we will create a safe, non-stigmatized, and positive environment for our children and youth to flourish and thrive, and when vulnerable, find safe supports that they can understand and trust within their community.



"This type of collaboration has not been seen in Canada." Louise Bradley, President and CEO of the Mental Health Commission of Canada

## Project Now Launch

#### PROJECT NØW

#### FOR IMMEDIATE RELEASE

COMMUNITY PARTNERS JOIN TO END CHILD & YOUTH SUICIDE First of its kind partnership will work together to build resiliency and better coordinate care for children and youth in Mississauga and Peel

September 10, 2019 (MISSISSAUGA, ON) – Today, on World Suicide Prevention Day, the Deputy Premier and Minister of Health, Christine Elliott, Minister of Education, Stephen Lecce, Minister of Children, Community and Social Services, Todd Smith and Mayor of Mississauga, Bonnie Crombie, joined community leaders to launch Project Now, a partnership that aims to end child and youth suicide in the City of Mississauga and Peel Region.

Project Now has received \$3 million in funding from the Government of Ontario, and will be matched by up to \$6 million in philanthropic support, for a total of \$9 million. To date, Project Now has received over \$3 million in donations from The WB Family Foundation and other leaders in our community. Philanthropic investment will continue to be crucial to the growth and success of this partnership.

Comprised of the Dufferin-Peel Catholic District School Board, Government of Ontario, Peel Children's Centre, Peel District School Board, Peel Public Health and Trilium Health Partners, Project Now was founded to address that despite best efforts too many children and youth attempt suicide and die by suicide in our community. Individually these organizations have all been working diligently to address this but without effective planning, design and implementation in partnership with one another children will continue to fall through the cracks. Partners recognized that if they wanted to tackle this issue in a meaningful way, they needed to think and connecd differently. They recognized that while they were seeing some success individually they could have a much greater impact together.

The Zero Suicide systems-thinking approach has been proven effective in areas around the world, such as hospitals in the United States of America. Project Now has learned from best practices around the world and is based on recommendations from global research on multi-sector, systems approach. Project Now has created a project for the community of Mississauga and Peel Region that has the potential to be replicated across Ontario and in other jurisdictons.

Project Now aims to foster hope and resiliency, coordinate access to care options that meet the needs of children, youth, and families, and support healing by building connections that promote learning and understanding about suicide. Every step of the way. Project Now will work in partnership with children, youth, and families in the community who have been impacted by suicide through its Youth and Family League. Their voices, experiences, and wisdom will guide the work of Project Now, providing feedback and advice and actively co-designing project initiatives.







## **PROJECT DEVELOPMENT**

## **Project Zero Strategy Placemat**



- OUR CALL TO ACTION

## HOPE

Foster hope and resiliency through awareness, prevention, and identification. Help coordinate access to care options that meet the needs of children, youth, and their families.

HELP

## **HEALING**

Support healing by building connections that promote learning and understanding about suicide.



We are a group of cross-sector partners that educate, care for, support, and are children, youth, and families in our community.

Every day, we see what happens when children and youth fall through the cracks. We know we need to think and connect differently to ensure no child or youth dies by suicide in our community.

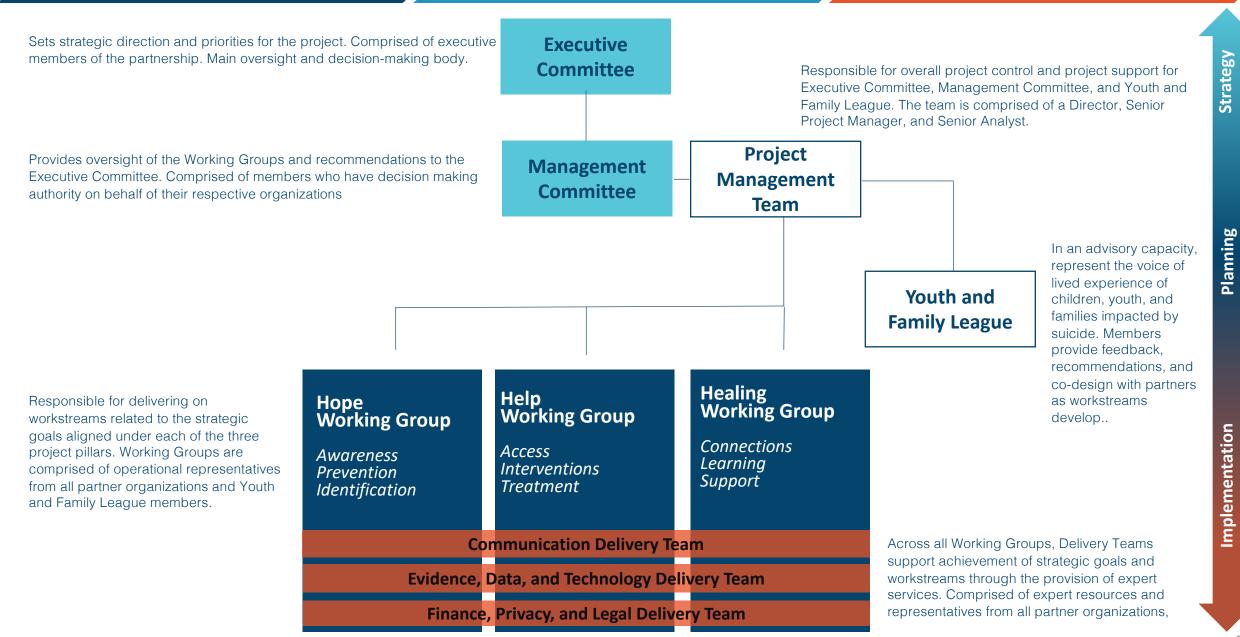
As partners, we believe in diversity and equity. Our call to action is to foster hope and resiliency, help coordinate access to care options, and support connections that promote learning and understanding about suicide. Working together to achieve these goals means engaging children, youth, and families who have been impacted by suicide. We can only challenge the status quo and make real change by working with those with lived experience.

We come together as a whole community to connect organizations and empower people. We commit to putting children and youth at the centre of our three pillars of Hope, Help, and Healing. We have the courage to listen, to look at what is working and what isn't, to speak frankly and be authentic, and to co-create a future where all children, youth, and families will thrive.

We hold ourselves accountable for making a collective impact by continuously communicating, finding creative solutions, sharing a common purpose, providing resources, and measuring our outcomes.

Together, we commit to being a force for change in our partnership, in our respective organizations, in our communities, and within our own lives.

## **Project Zero Governance**



As Project Zero evolved, a key partnership priority was to ensure that the voice of children, youth, and families with lived experience was embedded in our strategic approach and governance structure.

Working together to achieve these goals means engaging children, youth, and families who have been impacted by suicide. Central to this is ensuring that diverse youth and family representatives are invited to share ideas and feedback and advise on Project Zero work based on their personal experiences and perspectives. **This is facilitated through the Youth and Family League.** 

The Youth and Family League is an important part of the Project Zero governance structure. The YaFL has representation on the Management Committee and Executive Committee and are *equal partners* along with other core partners.

The Project Zero governance structure ensures recommendations from the YaFL are considered and that regular input is relayed to those who participated on the outcomes of such recommendations.

# A future with no child and youth suicide starts today We Stand For



Partnering with children, youth and families





PROJECT NØW

**Connecting** as a whole community

18



## **Current Areas of Focus**

In order to determine priorities for next steps, a high level gap analysis was done with Project Zero partners in January of 2019. Five key themes were identified:

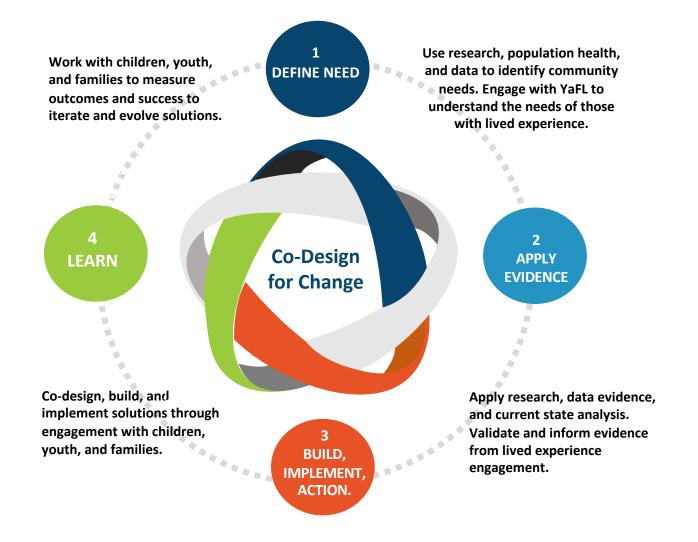
Population Research
Data
Services and Pathways
Language and Tools
Interventions and Best Practice

Partners were aligned in identifying that we need to take the time to clearly identify the problem we are trying to solve through a process that prioritizes the voice of lived experience

Phase One Project Zero work is informed by the themes of the gap analysis and anchored around population research and data. The Phase One inclusive discovery process is designed to establish solution – focused workstreams in Phase Two.



## **Project Zero Process Map**



## Embed the voice of lived experience through the Youth and Family League

ADVISE ON DIRECTION Provide wisdom, advice, guidance, and feedback on direction from the perspective of lived experience.

SUPPORT THE PROCESS Support engagement process as appropriate.

#### **INFORM SOLUTIONS**

Provide input to inform work streams and actively participate in co-design.



#### **EVOLVE ITERATIONS**

In an advisory capacity, participate in the iteration and evolution of solutions

## Phase One Workstreams

WORKSTREAM	PURPOSE
Evidence and Evaluation Working Group	Define overall data, research and evaluation objectives and aims for Year 1.
Evidence Synthesis	Review of collaborative approaches to suicide prevention initiatives in the literature to help inform project collaboration model and direction moving forward
Data Inventory	Complete comprehensive inventory of accessible data sets available from core partners
Advanced Analytics Plan	Develop analytics product (i.e. geospatial analysis tool, etc.) to support project direction and work across all working groups
Key Informant Interviews + Focus Groups	Interviews to gather information and insight around experience with mental health system to inform problem definition and solutioning.
Capitalize for Kids Partnership	Identify key operational problems at a partnership level and develop solution approach and implementation plan
Service Mapping	Build current and transparent inventory of community services and inter-relatedness
Youth and Family League	Membership recruitment of children, youth, and families impacted by suicide
Co-Design Project	Develop co-design event with children, youth, and families to inform problem definition process
Help and Healing Working Groups	Build membership, team resources, and associated workplans.
Community Outreach and Engagement	Ongoing relationship-building with community partners to inform workstream development and direction (i.e. Peel Police, Peel CAS, Youth Hubs, Mental Health Centre of Excellence, jack.org, etc.)

- Using the problem definition work done in Phase One, the Project Team will prioritize areas of focus.
- Based on the areas of focus defined in Phase One, Phase Two will involve the development and implementation of Hope, Help, and Healing workstreams across all Working Groups.
- Phase Two will be informed by engagement and co-design with children, youth, and families both through the Youth and Family League and in the community - to validate, shape, and inform workstream direction.



## A future with no child and youth suicide starts today

## **Our Call to Action**

## PROJECT NØW

## Hope

Help coordinate access to care options that meet the needs of children, youth, and their families.

# Help

Support healing by building connections that promote learning and understanding about suicide.

## Healing

Foster hope and resiliency through awareness, prevention, and identification.

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