

# Connecting to life



## Provincial Suicide Prevention Program

Program Description - September 2007

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# Foreword

The writing of this document was made possible thanks to the knowledge of numerous persons who represent various organizations across New Brunswick. The Department of Health would like to thank the following persons and organizations: the members of the Community Suicide Prevention Committees and Provincial Suicide Prevention Committee, the directors of the Community Mental Health Centres and the provincial mental health program directors from the Addictions and Mental Health Services Division. We wish to mention the exceptional participation of Mr. Brandon Pike, Addictions and Mental Health Services Division.



# Table of Contents

	<b>Page</b>
<b>Message from the Minister</b> .....	<b>5</b>
<b>Introduction</b> .....	<b>6</b>
<b>Historical Overview</b> .....	<b>7</b>
<b>Principles and Goals</b> .....	<b>9</b>
• Principles	
• Community Action	
• Continuous Learning	
• Interagency Collaboration	
<b>Community Mental Health Center Contact Information</b> .....	<b>11</b>
<b>The NB Suicide Prevention Program Model</b> .....	<b>12</b>
• Ecological Systems Theory	
• Prevention	
• Intervention	
• Postvention	
<b>Summary of Risk Factors and Protective Factors</b> .....	<b>13</b>
<b>Structure of the NB Suicide Prevention Program</b> .....	<b>14</b>
• Community Suicide Prevention Committees	
• Regional Health Authorities	
• The NB Department of Health	
<b>Community Suicide Prevention Committee</b> .....	<b>16</b>
• Terms of Reference	
<b>Concluding Remarks</b> .....	<b>18</b>
<b>Provincial Resources</b> .....	<b>19</b>
<b>References</b> .....	<b>20</b>



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## *Message from the Minister of Health*

We are all aware of the tragic toll that suicide takes in our province. It is an impact that cannot be measured in numbers alone. Behind each tragic death lies a story of strong emotions and unbearable pain, not only of the victim but of their family, friends and the community at large as well.

The Department of Health through cooperation with its many partners is committed to suicide prevention. By supporting community-based activities and initiatives, the New Brunswick Suicide Prevention Program is making a significant difference in people's lives.

Community involvement is important, for suicide is a societal problem and everyone has a role to play if we want to succeed in its prevention. There are 13 suicide prevention committees across the province, which bring together people who are committed to lessening the frequency of these personal, family and social tragedies through prevention and treatment.

It is crucial to keep abreast of suicide prevention programs and services available. Public awareness promotes the sharing of views and ideas among front-line workers, family survivors of suicide and community members. Communities rely on current and accurate information to formulate effective response plans.

I applaud the work that is being done by the Suicide Prevention Program and I wish to recognize the diligent work of healthcare professionals throughout the province. The collaborative efforts of non-governmental organizations have resulted in important initiatives and in providing direct support and care to people in crisis. Special thanks are extended to members of the 13 Community Suicide Prevention Committees, whose tireless devotion serves as the backbone of suicide prevention in New Brunswick.

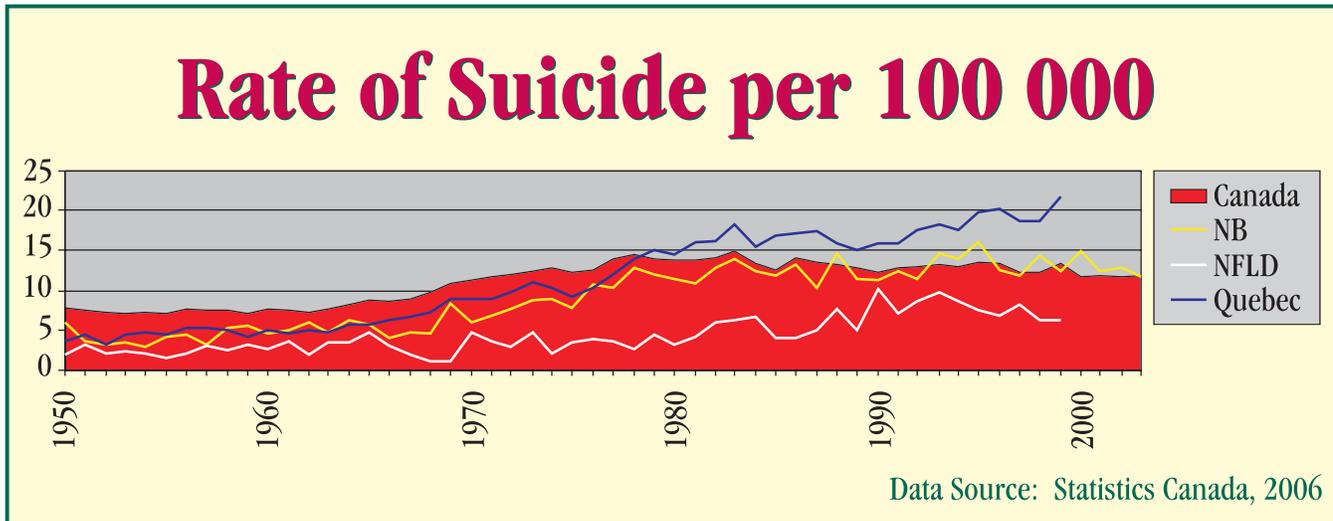
The commitment and dedication of all those actively involved in suicide prevention is inspiring. By providing a vital link to people in need of support, the many contributors to suicide prevention give hope to survivors and their loved ones.



Michael B. Murphy

## Introduction

The Province of New Brunswick recognizes suicide as a serious social problem. The prevalence of suicide in New Brunswick increased steadily from 1955 to 1983. This trend is consistent with most provincial and international jurisdictions, as suicide rates increased by 60% worldwide from 1955 to 2000 (WHO, 2003). A recent World Health Organization estimate regarding suicide mortality cites a global rate of 16 per 100 000 population yearly.



There appears to be a general stabilization in the rate of death by suicide in New Brunswick, as annual fluctuations from 1983 to 2003 do not suggest prospective increases.

The NB Suicide Prevention Program supports various agencies throughout the province that are actively engaged in suicide prevention. Efforts of governmental and community-based agencies are coordinated to promote closer collaboration between existing and emerging partners.

From its beginning, the New Brunswick Suicide Prevention Program was designed to build on existing community-based resources. Community Suicide Prevention Committees identify specific local needs and act to reinforce personal, familial and peer networks. Broad community participation is a key component in the strategy to prevent deaths by suicide.

The development of knowledge regarding common predisposing factors helps to focus preventative initiatives. A general socio-demographic profile has been emerging as partners in the international community have pieced together general patterns that frequently coincide with deaths by suicide. While the presence of known risk factors is not sufficient to predict that an individual will die by suicide, the general profile is useful in identifying groups that are at a higher risk than the general population.

Grounded in community work, the NB Suicide Prevention Program has made great strides and continues to evolve as it adapts to meet emerging needs of communities through the direction of local expertise.

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## ***Historical Overview of the NB Suicide Prevention Program***

Prior to the launch of a provincially coordinated strategy, suicide prevention activities were carried out by a variety of important agencies in a number of New Brunswick communities. Support services varied depending on location and many agencies operated as distinct, independent entities. Formal clinical services often underutilized the experience and referral capabilities of community-based resources. It became apparent that the overall quality of independent programs could be enhanced by working more closely on initiatives of common interest.

In 1989, a consultant was commissioned to assess the need for provincial leadership and coordination of suicide prevention activities and intervention services. A survey questionnaire was used to measure the level of preparedness of communities to respond to support needs related to suicide. The survey supported the appointment of an interdisciplinary steering committee with representation from key governmental and non-governmental agencies.

A series of recommendations, emerging from the survey, was released in 1990. The report advocated provincial support for the expansion of suicide intervention skills training for clinical personnel and community care providers. Professionals from a variety of disciplines across the province were subsequently trained to provide a two-day suicide intervention workshop. This investment in training capacity established a valuable educational resource that continues to broaden public awareness, advance community-based response capacity and serves as a compliment to other types of clinical expertise.

The Program was formally consolidated in 1992 under the direction of a Provincial Suicide Prevention Committee. The committee decided to continue its work with the understanding that a comprehensive program evaluation would be undertaken after a five year period. In 1997, a program evaluation was completed and the findings were released in a document entitled, NB Suicide Prevention Program: Analysis of Problems and Needs. The program used this document to identify its priorities and long-term goals and to define its strategic direction for an additional five year period.

The strategic plan 1998 -2003 became the basis for a New Brunswick Suicide Prevention Program Description, which captured the progress made to date along with an overview of the program vision, mandate, objectives and administrative structure. The program description helped to clarify the theoretical models used to coordinate suicide prevention in New Brunswick. The 1998 program description also formalized many of the roles and responsibilities of various partners active in the development of prevention activities. The publication of the program description effectively completed the foundational period of the NB Suicide Prevention Program.

In the year 2000, a Provincial Coordinator was hired to oversee the various functions of the NB Suicide Prevention Program and to develop a new strategic action plan that would move the program forward. The program would focus on forming new working partnerships, on rejuvenating public awareness campaigns and on advancing the level of suicide intervention skills training. The Provincial Coordinator worked to refocus program activities and to provide a well defined continuity for the program as a whole.

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A working group was established in 2000 to begin provincial collaboration with First Nations communities on suicide prevention. A formal partnership was formed with the Canadian Association for Suicide Prevention (CASP) and New Brunswick hosted the CASP annual conference in 2002. A series of educational brochures was produced for distribution and a suicide prevention library was founded in collaboration with the Canadian Mental Health Association (see page 19 for a description of **Provincial Resources**).

In 2002, a major research project was undertaken to investigate all deaths by suicide that occurred in New Brunswick in the 14 month period spanning 01 April 2002 to 31 May 2003. The research team also gathered first hand testimony from more than 40 individuals presenting suicidal behavior for in-depth examination. The research is highly regarded internationally as an original and valuable contribution to the study and understanding of suicide. The conclusions strongly reinforced the importance of public awareness and of ongoing skills training for effective suicide prevention. The research project further underscored the role of concurrent disorders as a key factor contributing to suicide. In a significant proportion of the deaths, individuals were found to have experienced one or more mental health disorders concurrent with a substance use disorder (Seguin et al., 2005).

Efforts to integrate services were substantiated by the research findings as the importance of treating multiple problems concurrently became increasingly evident. Public Health and Mental Health Services were officially transferred to the Regional Health Authorities (RHA) in November of 2005. A consensus had emerged regarding the value of an integrated continuum of care. Addictions and Mental Health Services were consequently merged and formerly independent clinical services became elements of an integrated system of service delivery.

Suicide prevention remains a provincial strategy. The delivery of Addictions & Mental Health Services by the Regional Health Authorities has shifted operational responsibilities into a decentralized network of authority, while ensuring suicide prevention continues to be coordinated within a provincial framework. A number of key clinical partners in the suicide prevention strategy are now integrated and are well positioned to work together to meet emerging community needs. Suicide prevention in New Brunswick continues to evolve as community-based partners collaborate with regional authorities to shape public awareness activities, to support ongoing training and skills development and to build upon existing community resources.

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## ***Principles and Goals of the NB Suicide Prevention Program***

**Community Action** implies the principle of shared responsibility. Building community capacity through public awareness is a major goal of the NB Suicide Prevention Program. The program provides current and reliable information to communities regarding risk factors, signs of distress and effective proactive measures. Family and peer networks are a rich source of support for individuals in crisis. Awareness of existing resources helps families and friends provide appropriate support and enables timely referral to formal services. Public awareness enhances the ability of communities to provide support before individuals reach a state of crisis.

Communities are also involved in the identification of local needs and in the planning of program initiatives. Community Suicide Prevention Committees interact with their communities encouraging participation, strengthening local links between partners and building on local resources. A well-informed, actively engaged community is the foundation of effective suicide prevention.

**Continuous Education** reflects a belief that progressive understanding of suicide leads to increasingly effective prevention. Communities and clinical professionals are better able to respond to crises if they are equipped with current evidence-based knowledge of best practice intervention skills. In a moment of intense personal crisis, the appropriate response can have a significant impact. *LivingWorks Education Inc.*, Applied Suicide Intervention Skills Training (ASIST) workshops are provided to clinical staff in both official languages in all regions and are available to community members.

The NB Suicide Prevention Program is committed to supporting the educational needs of clinical and community responders through ongoing training and best practice research. A provincial committee of trainers is in place to assess training needs, to consider viable training options, and to develop refresher courses and advanced training that build upon the basic ASIST workshop.

**Interagency Collaboration** expresses the will of stakeholders to work together. The complex nature of suicide requires an integrated response plan. Working together, partners share knowledge and expertise to ensure the most effective use of resources for the most comprehensive care. Interagency and inter-departmental protocols have been developed to bring partners into closer working relationships. In many instances clinic staff work as part of an interdisciplinary team to provide a range of complimentary services within an integrated client-centered response plan.

NB Suicide Prevention Program initiatives are developed within a network of departments, service providers and community agents. The program strives to forge new partnerships within the province, throughout Canada and internationally. Coordination of multiple activities helps to channel and refocus collective energies into a united strategy.

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**Suicide Prevention Activities:**

A large white rectangular area intended for listing suicide prevention activities.

## ***Mental Health Contacts***

For more information or for an appointment, contact the nearest Community Mental Health Centre.

<b>Community Mental Health Centers</b>		
<b>Location</b>	<b>Telephone</b>	<b>Fax</b>
Bathurst.....	547-2038.....	547-2978
Campbellton.....	789-2440.....	753-6969
Caraquet.....	726-2030.....	726-2090
Edmundston.....	735-2070.....	737-4448
Fredericton - Adult Service.....	453-2132.....	453-8766
Fredericton - Child and Family Service.....	444-5337.....	453-8766
Grand Falls.....	475-2440.....	475-2452
Miramichi.....	778-6111.....	778-5296
Moncton.....	856-2444.....	856-2995
Richibucto.....	523-7620.....	523-7678
Sackville.....	364-4082.....	364-4099
Saint John.....	658-3737.....	658-3739
St. Stephen.....	466-7380.....	466-7501
Sussex.....	432-2090.....	432-2046
Woodstock.....	325-4419.....	325-4610

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## ***The NB Suicide Prevention Program Model***

### ***Ecological Systems Theory***

The NB Suicide Prevention Program is conceptually modeled on a modified version of the Ecological Systems Theory developed by Urie Bronfenbrenner in 1979. The model specifies a series of social and interpersonal networks that interact with individuals. The specified networks include family, peers, school, workplace, community, culture, society and the environment. The various networks form a complete social system; each network within the system may be targeted for intervention.

Social and interpersonal networks contain roles, norms and rules that shape the psychosocial development of an individual. The system of networks contains variables that may expose an individual to risk, yet the same systems contain networks of protective factors. Suicide prevention attempts to mitigate known risk factors and to reinforce personal, familial and social protective factors. The NB Suicide Prevention Program uses the conceptual model of Bronfenbrenner to coordinate activities within three program components: prevention, intervention and postvention.

### ***Prevention***

Prevention activities are carried out provincially through health promotion, education and public awareness campaigns regarding the nature and frequency of suicide, common risk factors and available services. Suicide prevention seeks to build on and strengthen natural networks within the community.

### ***Intervention***

The focus of intervention is on restoring personal resiliency and coping abilities by providing needed support and by defusing the immediate impact of intense crises. Crisis intervention is a form of acute therapy that proceeds from assessment to treatment and follow-up. Medium and long-term care is available when needed.

### ***Postvention***

Following a death by suicide, healthcare providers ensure that appropriate support services are available. A formal post-suicide review is initiated to explore opportunities to improve the coordination and delivery of services.

Support is provided before, during and after a crisis. The program connects individuals to available resources within a series of social and interpersonal networks to reduce risk and to reinforce protective factors. Coordination of program activities within the Ecological Systems Theory framework ensures that support reaches the individual through family, peers, school, the workplace and the community. Local activities in turn help to influence and reshape larger cultural and societal values regarding suicide.

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# A Summary of Risk and Protective Factors

<b>Predisposing Factors</b>	<b>Contributing Factors</b>	<b>Precipitating Factors</b>	<b>Protective Factors</b>
<b>Individual</b> <ul style="list-style-type: none"> <li>· Previous History of Suicide Attempt</li> <li>· Mental Illness</li> <li>· Prolonged Grief</li> </ul>	<ul style="list-style-type: none"> <li>· Rigid Cognitive Style</li> <li>· Poor Coping Skills</li> <li>· Substance Abuse</li> <li>· Sexual Orientation Issues</li> <li>· Impulsivity</li> <li>· Hypersensitivity</li> </ul>	<ul style="list-style-type: none"> <li>· Personal Failure</li> <li>· Humiliation</li> <li>· Individual Trauma</li> <li>· Developmental Crisis</li> </ul>	<ul style="list-style-type: none"> <li>· Easy Temperament</li> <li>· Creative Problem Solving</li> <li>· Personal Autonomy</li> <li>· Previous Experience with Self-Mastery</li> <li>· Optimistic Outlook</li> <li>· Sense of Humor</li> </ul>
<b>Family</b> <ul style="list-style-type: none"> <li>· Family History of Suicide or Suicidal Behavior</li> <li>· Violence or Abuse</li> <li>· Family History of Mental Illness</li> <li>· Early Childhood Loss or Separation</li> </ul>	<ul style="list-style-type: none"> <li>· Substance Abuse within the Family</li> <li>· Family Instability</li> <li>· Ongoing Conflict</li> </ul>	<ul style="list-style-type: none"> <li>· Loss of Significant Family Member</li> <li>· Death, especially by Suicide</li> </ul>	<ul style="list-style-type: none"> <li>· Family Relationships Characterized by Warmth and Belonging</li> <li>· Adults Modeling Healthy Adjustment</li> <li>· High and Realistic Expectations</li> </ul>
<b>Peers</b> <ul style="list-style-type: none"> <li>· Social Isolation and Alienation</li> </ul>	<ul style="list-style-type: none"> <li>· Negative Attitudes toward Help-Seeking</li> <li>· Peer Modeling of Maladaptive Behaviors</li> </ul>	<ul style="list-style-type: none"> <li>· Teasing / Cruelty</li> <li>· Interpersonal Loss</li> <li>· Rejection</li> <li>· Death, especially by Suicide</li> </ul>	<ul style="list-style-type: none"> <li>· Social Competence</li> <li>· Healthy Peer Modeling</li> <li>· Acceptance and Support</li> </ul>
<b>School / Workplace</b> <ul style="list-style-type: none"> <li>· Negative School / Work Experiences</li> <li>· Lack of Meaningful Connections to School or Workplace</li> </ul>	<ul style="list-style-type: none"> <li>· Disruption during key Transitional Period</li> <li>· Reticent / Inaccessible Helping Networks</li> </ul>	<ul style="list-style-type: none"> <li>· Failure</li> <li>· Expulsion / Termination</li> <li>· Disciplinary Crisis</li> </ul>	<ul style="list-style-type: none"> <li>· Positive School / Work Experience</li> <li>· Meaningful Links between pupils / co-workers</li> <li>· Encouragement and Participation</li> </ul>
<b>Community</b> <ul style="list-style-type: none"> <li>· Community 'legacy' of Suicide</li> <li>· Social Marginalization</li> <li>· Political and Social Disempowerment</li> </ul>	<ul style="list-style-type: none"> <li>· Sensational Media Portrayal of Suicide</li> <li>· Access to Firearms or other Lethal Means</li> </ul>	<ul style="list-style-type: none"> <li>· High Profile Death, especially by Suicide</li> <li>· Conflict with Law</li> <li>· Incarceration</li> </ul>	<ul style="list-style-type: none"> <li>· Opportunities for Participation</li> <li>· Evidence of Hope for the Future</li> <li>· Community Self-Determination</li> <li>· Solidarity</li> <li>· Availability of Resources</li> </ul>

Source: Jennifer White, 1998

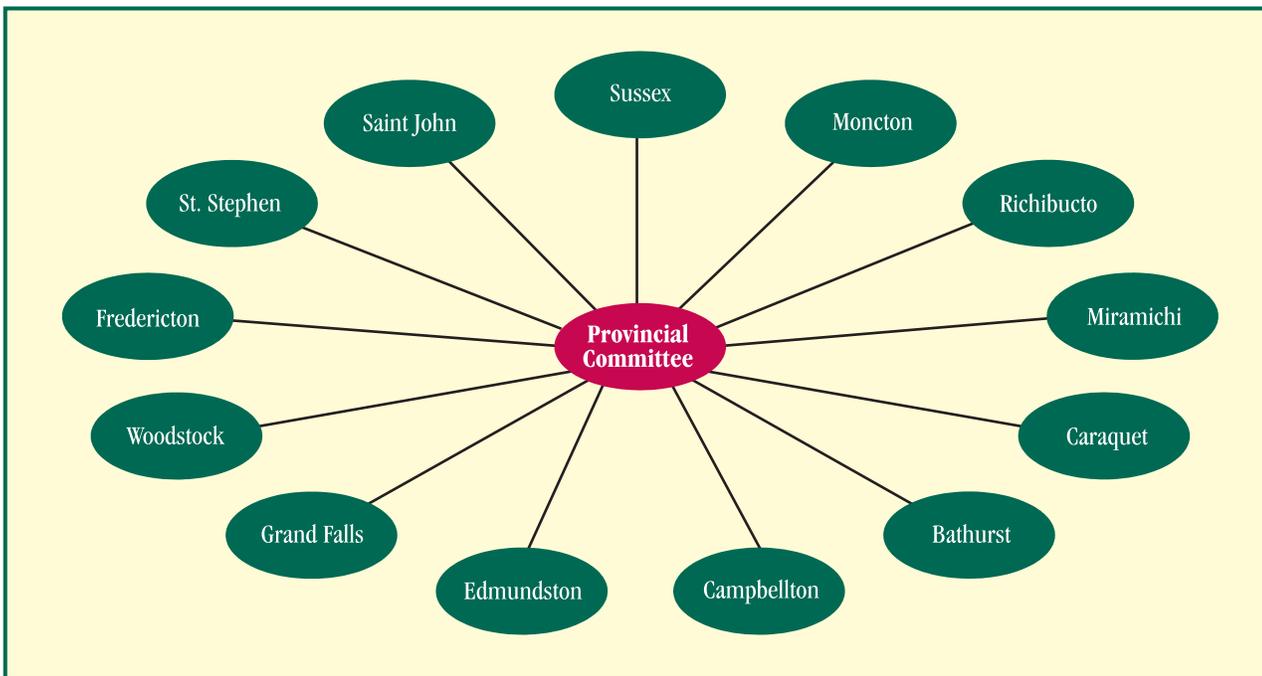
## ***Structure of the NB Suicide Prevention Program***

The NB Suicide Prevention Program is supported by three primary institutions. At the local level, prevention activities are coordinated through Community Suicide Prevention Committees. Regional initiatives are supported by Regional Health Authorities. The Department of Health provides structure and coordination on a provincial basis.

The structure of the program consists of a network of intersecting coalitions. The various partners contribute to the prevention effort with specialized services and capabilities. The roles and responsibilities of each participating agency are defined in flexible and informal terms. The program structure encourages collaborative action, while preserving the autonomy and self-determination of each participating agency. United in their commitment to prevent deaths by suicide, partners share knowledge and expertise to build on the natural support networks of the community.

### ***Community Suicide Prevention Committees (CSPC)***

Community Suicide Prevention Committees provide an open forum to help identify local suicide prevention, intervention and postvention needs. CSPCs are strategically located throughout the province in thirteen communities.



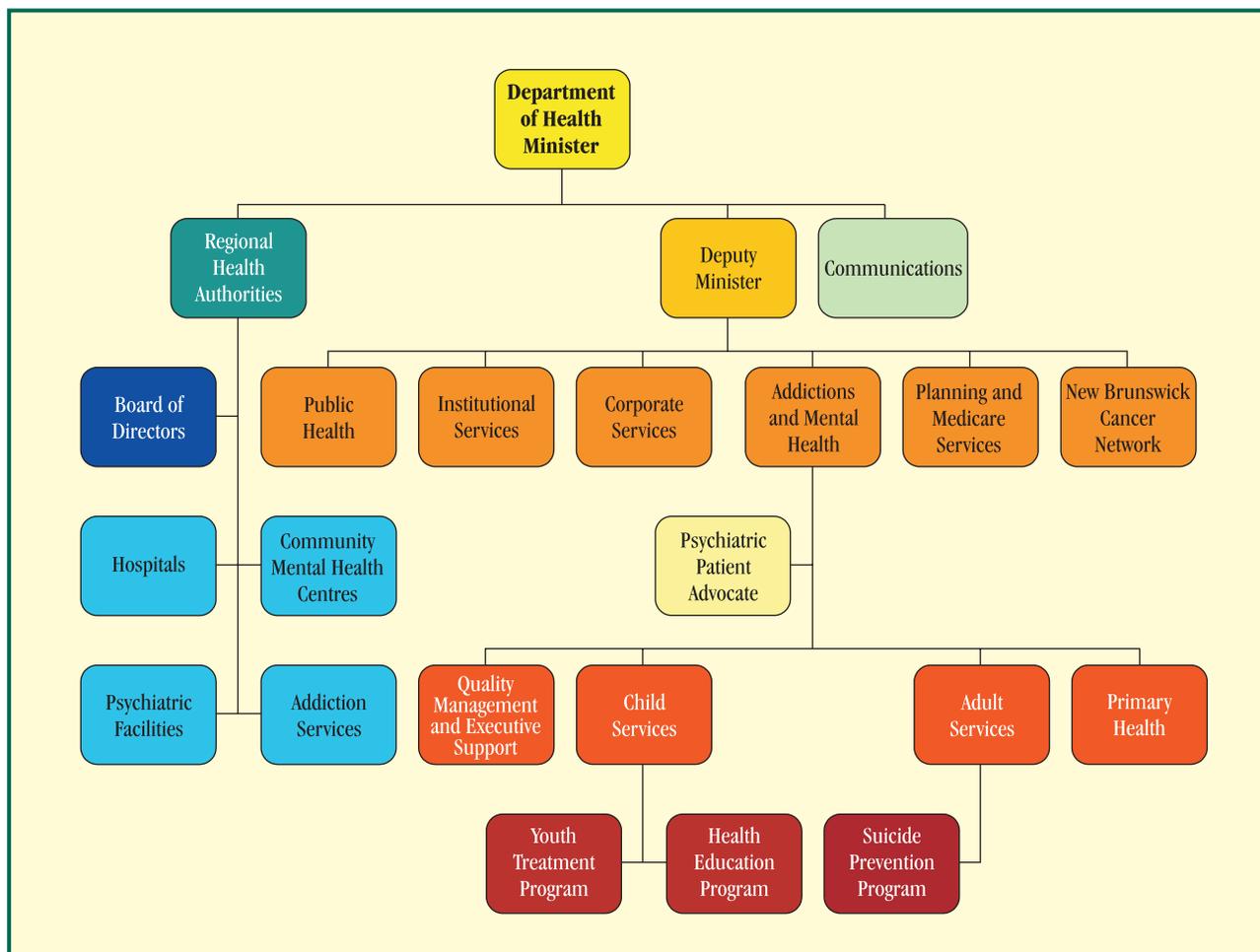
Each committee is represented on the Provincial Suicide Prevention Committee (PSPC). The Provincial Committee acts as a forum for partners to exchange ideas, develop public awareness materials and to consult with the Provincial Coordinator on new initiatives and operational business. Suicide Prevention Committees are empowered by the community as independent, decision-making bodies. CSPCs provide awareness, education and support to the community and advise partners on how to best respond to emerging community needs.

### ***Regional Health Authorities (RHA)***

The Regional Health Authority is an important partner in the effort to prevent deaths by suicide. RHAs are responsible for managing and delivering Hospital Services, Community Health Centers, Addictions Services, Mental Health Services, Extra-Mural Services and Public Health Services. RHA representatives regularly consult with Community Suicide Prevention Committees to assess emerging healthcare needs and to ensure that intervention and support services are available and accessible.

### ***The Department of Health (DOH)***

The NB Suicide Prevention Program is a provincial strategy, supported by the structure of the Department of Health. The Department of Health maintains a direct link to suicide prevention through the Provincial Coordinator of the Suicide Prevention Program.



The Provincial Coordinator forges linkages between partners across the province, nationally and internationally. The Provincial Coordinator sits on the Provincial Suicide Prevention Committee and works closely with non-governmental organizations. Provincial coordination ensures that public awareness is ongoing, that training needs are fulfilled and that community resources are used to complement formal healthcare and social services.

## ***Community Suicide Prevention Committee***

### ***Terms of Reference 2007***

#### ***Preamble***

Addictions and Mental Health Services division of the Regional Health Authority ensures the smooth operation of the Community Suicide Prevention Committees in their respective jurisdictions.

#### ***Guiding Principles***

Community Suicide Prevention Committees endorse and affirm the following principles:

1. Suicide is recognized as a societal problem that has multiple causes.
2. There is a responsibility to provide ways of addressing psychological, interpersonal, psychosocial and / or physical suffering.
3. Resources and services to help vulnerable persons are available and accessible.

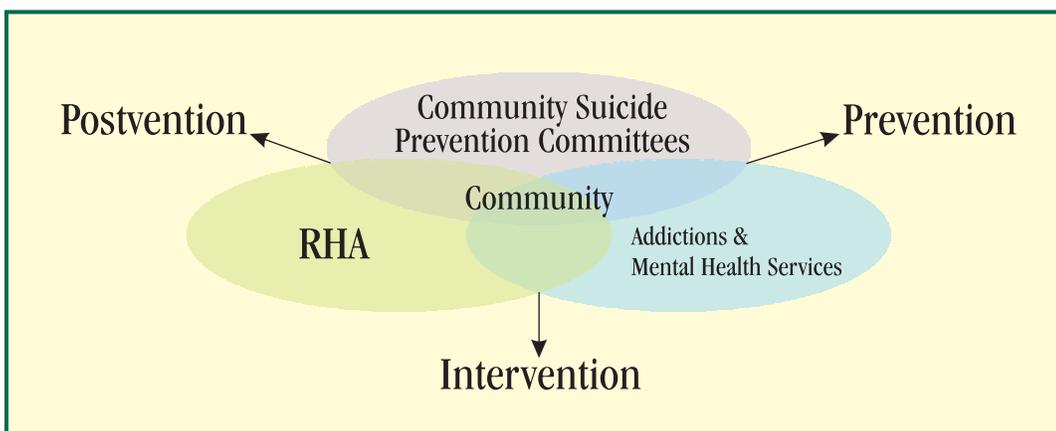
#### ***Mandate***

Community Suicide Prevention Committees have a mandate to support initiatives that are designed to prevent the occurrence of suicide by promoting mental wellbeing and encouraging help-seeking behavior through awareness and educational activities.

Community Suicide Prevention Committees work to identify local needs and work toward reducing barriers to and gaps between existing services.

#### ***Structure***

Community Suicide Prevention Committees collaborate in partnership with Regional Health Authorities, Addictions & Mental Health Service Providers and the Department of Health.



Suicide Prevention Committees are empowered by the community as independent, decisions-making bodies. CSPCs provide awareness, education and support to the community and advise partners on how to best respond to emerging community needs.

### ***Roles & Responsibilities***

Community Suicide Prevention Committees assume the following roles and responsibilities:

1. Provide an open forum for community and governmental agencies to help identify the suicide prevention, intervention and postvention needs of the community.
2. Support cooperation and collaboration between the various community partners including governmental agencies with a view toward developing effective suicide prevention activities.
3. Orient new and prospective members to the NB Suicide Prevention Program.
4. Support local suicide prevention initiatives and strategies.
5. Submit an annual report detailing activities completed including a budget report of expenditures.
6. Submit an operational plan of anticipated activities and budgetary expenses for the coming year.
7. Each committee is represented on the Provincial Suicide Prevention Committee.
8. Committees will work with the Provincial Coordinator of the Suicide Prevention Program to ensure that media portrayals of suicide are responsible and constructive.
9. As an open and inclusive community based organization, committees strive to encourage broad participation throughout the community including partnerships with governmental and non-governmental agencies.

### ***Composition***

Community Suicide Prevention Committees are composed of interested community members including government and any other community partners.

## *Concluding Remarks*

New Brunswick has a long-standing tradition of community support and peer helping. Suicide prevention builds on this tradition. The NB Suicide Prevention Program is well regarded throughout Canada and is recognized internationally as a comprehensive, community-based response network (Minore & Hopkins, 2003: pp. 8 – 10). The ongoing commitment to suicide prevention is evident in the degree of active participation in the communities of New Brunswick.

From its beginning, the New Brunswick Suicide Prevention Program sought to coordinate and build on existing community resources. The collective efforts of governmental and community-based agencies act to reinforce personal, familial and peer networks. Strategic linkages among existing and emerging partners enable communities to identify and respond to local support needs. The distribution of knowledge creates public awareness of common risk factors, promotes the use of available services and encourages proactive community mobilization.

The collaborative structure of the program connects individuals to a broad range of available healthcare and social resources. Ongoing training compliments both clinical and community expertise. Provincial coordination has brought multiple support services into a concerted effort. The conceptual framework of the program designates specific prevention, intervention and postvention activities that reach individuals through family, peers, school, the workplace and the community.

The findings of a recent body of research suggest that the effectiveness of clinical treatment depends on the level of integration of services (Seguin et al., 2005). Multi-disciplinary interventions effectively insulate the individual from common risk factors. The merger and integration of related service sectors encourages close working relationships among professional care providers. Working together within a comprehensive care plan, partners in the strategy to prevent deaths by suicide are well positioned to respond to emerging needs.

Suicide prevention initiatives are planned and coordinated through open discussion with public and non-governmental agencies. The network structure of the NB Suicide Prevention Program constitutes an inclusive forum that is guided by the direction of provincial, regional and community stakeholders.

Suicide is widely regarded as a complex phenomenon that cannot be reduced to any single explanation or causality. Response plans seek to engage broad community participation because the duty of care represents a responsibility that is shared throughout the community. As risk factors are known to penetrate into virtually all aspects of life, the NB Suicide Prevention Program continues to integrate itself deeper into fabric of New Brunswick communities.

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## ***Provincial Resources***

The department of Health has developed a series of reference materials related to suicide prevention. The following resources are available to the public.

*Let's talk about grief* is a practical guide to resolving grief. It can help you understand the grief that you go through when someone important in your life has died by suicide. The full brochure may be accessed at <http://www.gnb.ca/0055/pdf/1279e-final.pdf>

An annual newsletter detailing current events, important initiatives of the 13 Community Suicide Prevention Committees and up-to-date guidelines for recognizing and preventing suicidal behavior is available at <http://www.gnb.ca/0055/pdf/4075e.pdf>

To view the full report: *Research Project on Deaths by Suicide in New Brunswick between April 2002 and May 2003*, please visit <http://www.gnb.ca/0055/suicide-e.asp>

The Provincial Resource Center and Website is administered by the New Brunswick Division of the Canadian Mental Health Association (CMHA-NB). A wide range of information including the First Nations Suicide Prevention Task Force website is available at <http://www.suicideinformation.cmha.ca/>

For a complete, up-to-date list of Applied Suicide Intervention Skills Training (ASIST) *LivingWorks Education Inc.*, certified workshops in New Brunswick please visit <http://www.suicideinformation.ca/workshops.htm>

The NB Department of Health site is <http://www.gnb.ca/0051/index-e.asp>

The NB Suicide Prevention Program features helpful links to available resources. For more information visit <http://www.gnb.ca/0055/index-e.asp> or contact the Provincial Coordinator of the Suicide Prevention Program at (506) 444-4442.

Access immediate help by contacting:

Mental Health Services <http://www.gnb.ca/0055/contacts-e.asp>

**The Chimo Help Line (24h) 1-800-667-5005**

The Kids Help Phone 1-800-668-6868

Emergency Services 911

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