**Community Suicide Prevention Network Meeting**

January 20th

10:30-12:00

Administrative Boardroom2426- Royal Ottawa Mental Health Centre

**Present:** Ken McKenzie (Coalition of Community Health Centres), Natalie Markoff, (PLEO), Harpreet Grewal, Ben Leikin, (Ottawa Public Health), David Park, (University of Ottawa, Brain and Mind Research Institute), Valerie Testa (University of Ottawa, Department of Psychiatry) Jenny Strange (Youville Centre), Karen White-Jones (OCISO),Kathryn Hill, Beck Hood (Family Services Ottawa), Charmaine Childs, Donna Ferrier(Roberts Smart), Jasmine Doig (Ottawa Inuit Children’s Centre and Youth Advisor Network), Jocelyn Albert (Montfort Hospital), Ted Charette, Jane Fjeld (Youth Services Bureau), Louanne Desbiens (Big Brothers and Big Sisters of Ottawa), Troy Kenny (Community Member), Jenny Jackson (Distress Centre), Michael Toffelmire (The Mission), Renée Ouimet, Tim Simboli (CHMA), Michelle Neville (Catholic District School Board of Eastern Ontario) Ann-Michelle McNulty, (Conseil des écoles catholiques du Centre-Est), George Weber (Co-Chair, The Royal), Joanne Lowe (Youth Services Bureau, Co-Chair) Andrea Poncia (Minutes, CSPN)

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| **Welcome!**  Thank you for attending today’s meeting, we’re happy to see you all, including many new faces.  **Approval of Agenda**  Approved with no changes  **Approval of Minutes**  Approved with no changes |

**Up-Dates**

**Agency Go Around**

Distress Centre

* Chocolate Affair gala is coming up on April 29th, 2017- all are welcomed and invited to join!

Big Brothers and Big Sisters Ottawa

* Bowl for Kids Eh? Bowl-a-thon coming up on February 25th, all are welcomed and invited to join!

Karen White Jones- OCISO

OCISO has received new funding including:

* Peer support pilot projects for refugees:
* Women’s peer support: matching refugee women with volunteer peer support workers (women), often mitigates mental health issues by creating connection and facilitating integration
* Youth peer support: matching refugee youth with volunteer peer support workers (youth and young adults); often mitigates mental health issues by creating connection and facilitating integration; part of the funding for this targets engagement with refugee youth who are at risk for involvement in the criminal justice system
* Syrian refugees’ peer support: similar to above, this project is well underway but may still take referrals (and volunteers)
* Program facilitators for these projects speak a combination of Arabic, French, English and Somali. Peer support workers match the linguistic profile of the clients and receive extensive training.

Clinical positions:

* Youth counsellor – immigrant and refugee youth; located at our Bank St south location as part of our after-school Youth Hub program, provides individual and group counselling in English and Arabic
* Mental health outreach: 3 positions that are outward-bound in response to community need
  + Child and Youth Counsellor: will see children and youth at either of our locations (Wellington West or Bank St.), in their school, at a community centre or other locations if space is available (not in clients’ homes); speaks English and Arabic
  + Mental Health Crisis Worker: will see children, youth and adults at either of our locations (Wellington West or Bank St.), in schools, community centres etc (not in clients’ homes); provide risk assessment, crisis intervention and short-term supports; one worker speaks English and Farsi, and I’m hiring another this week who speaks English and Arabic

Jenny Strange- Youville Centre

* The Sources of Strength team had a really positive impact during their presentation at the Report Back event, and they are being re-trained for Sources in February 2017.

**Coordinator Report**

* Andrea delivered the coordinator report to review the Network activities from the past 6 months. - attached to the email with minutes
* The Suicide Prevention Network’s new youth advisor did a brief presentation of what brought her to volunteer with the Network. Welcome Jasmine Doig to the Suicide Prevention Network!
* Valerie Testa of the Department of Psychiatry at the University of Ottawa delivered a presentation about the Vision20x20 initiative.
* Spearheaded by Simon Hatcher, this initiative and aims to reduce the rates of suicide and self-harm in Ottawa by 20% by the year 2020.
* The presentation included a high level overview of the Nuremberg model, a summary of the progress of this initiative, and an overview of what is to come with this project.
* Find the Prezi presentation at this link: <http://prezi.com/xbnqr_zscqhx/?utm_campaign=share&utm_medium=copy> (also enclosed within the email with the meeting minutes)

**Post-Suicide Support Team**

* BF the discussion about the Post Suicide Support team to the next meeting.

**Business Arising**

**Discussion - Postvention Protocol**

* We discussed how the CSPN will move forward with a process to develop a postvention protocol. The rational for this is that risk and vulnerability are greatest when the community does not respond in a proactive and safe way; Evidence outlines key tenets of a safe postvention response, there’s value in promoting this within the community; When we don’t respond publicly and proactively, informal, unaffiliated leaders step up to lead the messaging. Once the messaging is out there it is difficult to bring it back to safe messaging;
* There is currently some work happening in this regard, the CSPN proposes to build on this work, and to develop a protocol for how we will collectively respond in terms of communications among agencies and with the public. We propose to develop a succinct ‘know what to do’ resource for bereaved, and to map who is doing what, for clients and staff, externally/internally.

**We collectively came up with a list of questions to review about this subject.**

These are:

* Who is the appropriate lead for a protocol?
* Whose job is it to monitor and respond to incidents?
* What and who responds within the first half hour?
* How will you be sure we engage and reach out to all those who need to be involved?
* How do we share best practices about postvention? I.E. get information into the right hands, right away.
* How to identify a social media strategy? How? What?
* How to do evaluation of plan?
* What other communities have a formal post-vention protocol? And what does it look like?
* Will we tailor the approach to different cultural communities?
* How to ensure linguistic and cultural diversity?
* What is the timeline for protocols?
* What is a safe message? Or is it a series of messages?
* Will there be youth voice in this process?
* How is community defined?
* What are organizations doing internally?
* How do we include families in the protocol?
* What constitutes a crisis? Only death, or serious attempt, or ??
* Who are we supporting? Family? School? Co-workers?
* Will this be a onep-time approach, or ongoing?
* What resources already exist?
* How do we know if our support is too much or too little
* Can we clarify what is stigmatizing language and behavior?
* Will training be offered?

In small groups, people also discussed the opportunities and barriers to doing this, they include:

**Opportunities**

* High profile cases in Woodstock is a good time to bring this forward
* The National Framework could be a good part of momentum, and Justin Trudeau is an ally

**Barriers**

* Media likes to sensationalize
* Can’t always control social media
* There are concerns around consent, resources and common language
* Coming to consensus about messages
* Intersection between affected services providers, immediately impacted and broader community of interest
* Need to keep it simple but inclination will be to be complex
* How do we ensure continuity of care

**Other**

* N/A

**Adjourn**

* Meeting adjourned, thank you to everyone for participating.