News Article

Finding hope in Bill C-300: A call to action on suicide prevention in Canada

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Harold Albrecht thinks it's time to change the way we think about suicide in Canada. In 2010, the Kitchener-Conestoga Member of Parliament received an alarming email from a constituent, informing him that three students from three different schools in his riding had died by suicide during a single week. The email concluded simply: "We need help."

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> **Harold Albrecht**

For Albrecht, this was a call to action from a community in crisis. In response, he began speaking publicly about suicide, in his riding, and in Parliament. When he did so, Albrecht said, "Colleagues and others in the community started approaching me with their stories." He quickly learned about the stigma that often prevents families from asking for help when someone is suicidal. Albrecht realized that suicide has a bigger impact than he had ever imagined. Each year, suicide claims the lives of nearly 4,000 Canadians. In 2009, it was the second leading cause of death among youth aged 15 to 24 years old,[1] yet its place in our society is seldom openly discussed.

Conversations about suicide are not only socially taboo, but also largely off-radar for Canadian policy makers. "We are one of the only developed countries that does not have a federal framework or strategy to give resources and up-to-date stats to the groups that are already on the front lines," says Albrecht. In 2011, he attempted to correct this by introducing a private member's bill. Bill C-300 seeks to make policy changes that promote access to statistics about suicide and make it easier for communities and service providers to share best practices in prevention. With these changes, the MP also wants to spark a public dialogue about the issue.

Bill C-300 seeks to make policy changes that promote access to statistics about suicide and make it easier for communities and service providers to share best practices in prevention. *(Library of Parliament - Roy Grogan)*

Albrecht is not alone in his efforts to draw attention to suicide, nor is he the first to call for a national prevention strategy. For the last decade, the Canadian Association for Suicide Prevention (CASP) has lobbied for the political support that Bill C-300 has recently helped mobilize. In 2004, CASP released a report with specific recommendations for suicide prevention policy, clinical services, and public education.[2] This report was highly regarded by advocates, and it even helped shape national strategies in other countries.

According to CASP president Dammy Damstrom-Albach, there has been no political uptake of the report's recommendations at a federal level until now, and while CASP celebrates Bill C-300 as an important step, the proposal still has limitations.[3] When it reached the parliamentary standing committee, CASP and the Canadian Psychiatric Association proposed multiple amendments to the bill.[4,5] These changes were intended to tie comprehensive and actionable goals to the bill and align the legislation's structure with the recommendations from CASP's report. The proposed revisions included creating a coordinating body and setting targets for improvements to mental health care, suicide information systems, and public awareness.[4] "We are going to have to do some things to give [the bill] legs," Damstrom-Albach says, but despite CASP's efforts, none of the proposed amendments were adopted.[3] It seems that the gap between what ▶

advocates want and what Albrecht put forward may come down, at least in part, to money.

One of Canada's leading suicide researchers, University of Western Ontario's Dr. Paul Links, acknowledges that the systemic changes needed to reduce suicide rates require financial commitments beyond the scope of the bill. "It's certainly a step forward," he says, "but it wouldn't create what is understood as a national strategy. It's not comprehensive enough." Dr. Links is unequivocal about the need for a federal strategy, though he believes that the government has been slow to act because it views health services as a provincial responsibility.

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> **Dr. Links**

Wherever the bureaucratic obligation lies, there is a role for the federal government to play in suicide prevention. Dr. Links notes that this is especially evident considering that Canada, not the provinces, is responsible for delivering health care federal prison inmates and some aboriginal populations. As it happens, males in both groups experience a disproportionate burden from suicide with rates between 5 to 10 times higher than in the general population.[6,7] Prisoners and some aboriginal communities also have high rates of mental health problems,[8,9] which are strongly associated with suicide.[10]

This known connection between mental illness and suicide risk is emphasized not only in CASP's report, but also in the Mental Health Commission of Canada's strategy, *Changing Directions, Changing Lives*. Both organizations have called for earlier detection and treatment of mental illnesses, and efforts to reduce the stigma surrounding mental illness. Given this overlap and the federal commitment to the Commission, it might be worth considering whether a distinct suicide prevention strategy is needed at all.

Albrecht accepts the criticisms of his bill's limitations, but explains that by its very nature, a private member's bill cannot commit government funding. For this, he is unapologetic: his priority has been to kick-start a public conversation and to create a bill that can garner support from both the government and the opposition to create a distinct strategy.

Albrecht also remains hopeful about what Bill C-300 can accomplish. "The conversation is as important as the legislation itself," he says. "There is a stigma surrounding talking about [suicide] that we have got to break through." This target, at least, is now one step closer: the senate unanimously passed the bill in December 2012, and it has become law. The federal government has 180 days to appoint an agency to lead a consultation with stakeholders about the next steps in acting on the legislation.

To date, there has been no official announcement about who will take responsibility for the consultations, though several national bodies such as the Public Health Agency and the Mental Health Commission are well positioned to assume such a mandate. Until a more defined course for a national suicide prevention strategy is set, the bill's impact will remain uncertain. For now at least, Harold Albrecht, CASP, and families across the country may find hope in knowing that a small, but important step has been taken towards preventing suicide. ■

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For More Information

Canadian Association for Suicide Prevention
www.suicideprevention.ca

Mental Health Commission of Canada
www.mentalhealthcommission.ca

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