

## A mental health resource for all communities: The Salt Spring Island Youth Suicide Intervention Toolkit

**W**hen a child or youth appears to be struggling with suicidal ideation, talking with them about it can be difficult—for physicians, parents, teachers, and friends alike. But as physicians know, these conversations are important: statistics show that suicide is the second highest cause of death for youth age 10 to 24 in Canada.<sup>1</sup> Suicide intervention is a particularly pressing issue for rural physicians: BC Coroners Service data on suicide deaths in BC between 2006 and 2015 show that suicide rates in Vancouver Island Health and Northern Health regions are 34% and 68% higher (respectively) than in the Vancouver Coastal Health region.<sup>2</sup>

A provincial youth suicide prevention guide created by the Ministry of Children and Family Development in 2016<sup>3</sup> provides provincial-level resources and supports conversations from a practitioner perspective. Recognizing that doctors, caregivers, and youth in their region needed access to local suicide intervention resources, the Local Action Team (LAT) of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative—with the Salt Spring Island Chapter of the Rural and Remote Division of Family Practice as a key partner—created a grassroots solution: the Salt Spring Island Youth Suicide Intervention Toolkit. To support conversations from several different perspectives, three versions of the toolkit are available: one for youth and their friends, one for professionals, and one for parents and caregivers:

- Salt Spring Island Youth Suicide Intervention Toolkit

*This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.*

- A Suicide Intervention Toolkit for Professionals on Salt Spring Island
- A Suicide Intervention Toolkit for Parents and Caregivers on Salt Spring Island

All versions of the toolkit provide information on supports and resources in the community, crisis lines and apps, self-management strategies, and ways to identify risk factors. Information included is practical and evidence-based, using language that is simple and jargon-free. Answers are provided to difficult questions such as, “How do you talk to a youth who has suicidal thoughts?” “What do you say or not say?” “Will talking about suicide cause more harm than good?” Questions are answered from different perspectives geared toward the toolkits’ three different audiences.

The professional version of the toolkit also includes risk assessment and universal precautions, while the youth version incorporates stories from other teens who have experienced suicidal ideation and are now on the road to recovery.

Funding from the Shared Care Committee was the key enabler in creating the toolkit. The Salt Spring Island LAT contracted two local CYMHSU clinicians to compile base content for the toolkits, which were then revised as part of a team effort by the LAT to shape it into the final document. Salt Spring Island Chapter physician lead Dr Paula Ryan guided the content creation process, and the LAT hired a project lead whose experience includes working as the executive director for NEED2—a not-for-profit organization that works on suicide prevention and education, and runs a youth crisis hotline.

Feedback on the kits was provided by LAT members—clinicians, physi-

cians, Island Health program leadership, and youth from the community. Once the kits were finalized, Dr Ryan worked with physician colleagues to champion distribution of the kits in hospital and clinic settings on Salt Spring Island.

### A resource for all BC communities

The Salt Spring Island LAT and the Rural and Remote Division of Family Practice have made the toolkit content and design files available to other BC LATs so they can customize them with their own local information. For information on accessing the customizable toolkit design files, contact [ruralandremote@divisionsbc.ca](mailto:ruralandremote@divisionsbc.ca).

The kits have now been repurposed and distributed in 11 communities throughout BC.

—**Afsaneh Moradi**  
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### References

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