

ITEM 4
MANAGER'S REPORT NO. 73
COUNCIL MEETING 90/11/26

TO: Municipal Manager November 20, 1990
FROM: Medical Health Officer
SUBJECT: Suicide Prevention
PURPOSE: To report back to Council as requested on the National Conference of the Canadian Association for Suicide Prevention, and to provide information on suicide prevention in Burnaby.

RECOMMENDATION:

1. THAT this report be received for information purposes.

REPORT

BACKGROUND:

At the regular meeting of Council held on October 22nd, Council received a letter from the Canadian Association for Suicide Prevention inviting attendance at its National Conference for Suicide Prevention held October 28 - 31, 1990, at the Hotel Vancouver.

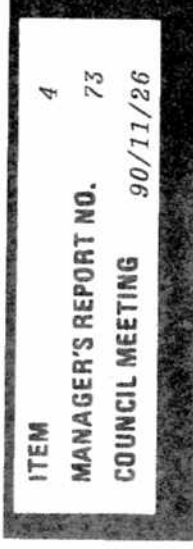
In response to this correspondence, Council asked that the Medical Health Officer be requested to send a staff person, if appropriate, to attend the conference, and further, that the Burnaby Mental Health Services be requested to provide information on suicide prevention in Burnaby and a report be prepared for Council's information.

Dr. Clifton Chiu, the psychologist on staff of the Health Department, attended and has prepared the attached summary of information provided at the meeting. A review of services in Burnaby, as requested by Council, is also attached to this report.



S. L. Hemming, M.B.Ch.B., F.R.C.P.(C)
Medical Health Officer

cc: Director Administrative & Community Services
cc: Municipal Clerk



REPORT ON CONFERENCE prepared by Clifton Chiu, Ed.D.

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The main theme of the First National Conference on Suicide Prevention in Canada held on October 28-31, 1990, is that suicide is a significant and underestimated cause of death in Canada and that many of these deaths can be prevented.

In his message to the Conference, the president of the Canadian Association for Suicide Prevention pointed out that suicide is a major national health problem. Suicide is second only to accidents as a cause of death for people under age 35. Canada's suicide rate of 14 per 100,000 is consistently higher than the United States' rate of 12 per 100,000. In June, a meeting between representatives of the Association and the Minister of Health and Welfare was held in Ottawa in which the Minister was asked to take a leadership role in addressing this national health problem. The importance of setting a realistic goal for a percentage reduction in the overall suicide rate for Canada by the year 2000 was stressed.

At present, the reporting of suicide statistics in Canada is unreliable and it is difficult to compare provincial suicide rates because different definitions as well as different procedures for establishing cause of death are practised by various provinces.

The president of the Association emphasized the need for surveillance of clinically-treated suicide attempts. At present, there is no systematic approach to determine the incidence of attempted suicide in Canada. The problem of the higher rate of suicide among our native people was also pointed out and the federal government was urged to show leadership and announce a prevention strategy to bring this rate down.

Recommendations in three areas within the domain of the federal government were put forward:

1. Health Promotion

- Information for caregivers at a national level and a publication on the aftermath of suicide for the survivors of suicide.

2. Research

- Specifically about suicide attempters plus a conference for Canadian researchers to establish research priorities.

3. Task Force Report

- In 1980 the Federal Government established a Task Force to study the problem of suicide which culminated in the publication "Suicide in Canada" in 1987.

The Minister undertook to find out how each task force recommendation has been dealt with by the federal and provincial governments. He would check with Statistics Canada on standardization of provincial data collection. He promised no new publications, but he would review other programs and health promotion material to see if these could have an impact on suicide. He would consider updating "Suicide in Canada". The Minister suggested that he might raise the issue of suicide prevention in Parliament.

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Some facts about suicides:

Statistics

- More than 3,500 Canadians kill themselves each year;
- Suicide is the fifth most common cause of premature death;
- Suicide is second only to accidents as a cause of death for people under age 35;
- Canada's suicide rate of 14 per 100,000 is higher than the U.S.'s rate of 12 per 100,000;
- Between 1980 and 1986, Canada's suicide rate ranked 22nd of 62 countries reporting statistics to the World Health Organization;
- One in 7 Canadians has seriously considered suicide;
- Non-fatal suicidal behaviour occurs much more frequently than completed suicide, with estimates as high as 100 to 1. It is more common at younger ages and in females;
- 75% of all suicidal behaviours remain undiscovered and unreported.

Who Committed Suicide

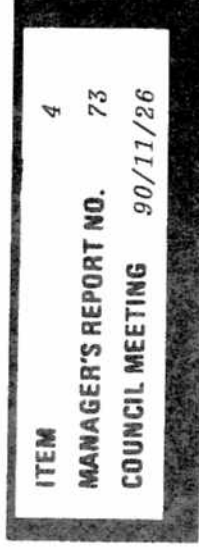
- People with a previous episode of suicidal behaviour;
- People with a family history of completed suicide;
- People with mental disorders associated with depression and alcohol/drug abuse;
- People bereaved by suicide;
- Males, three times as often as females;
- Native Canadians, especially young people, are more at risk;
- People in custody in jails or prisons.

Methods of Suicide

- Drugs/poison, carbon monoxide, hanging, drowning, guns, cutting, jumping, and others.

Reasons People Commit Suicide

- Often people feel there is no other option;
- A desperate act to avoid the pain of living;
- An overwhelming feeling of hopelessness and helplessness, and of being alone with no one to turn to.



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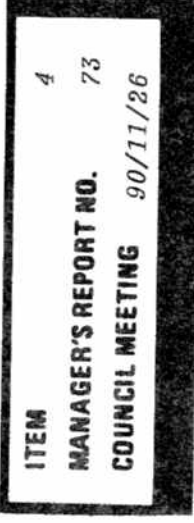
Suicide Prevention

Individuals, community, professional and government groups can decrease the risk of suicide by effective prevention measures including:

- Limiting access to firearms and lethal medicines;
- Encouraging supportive families;
- Treating mental disorders;
- Discouraging alcohol and drug abuse;
- Promotion of good mental health and healthy family relationships.

Successful Intervention

- Widespread community and caregiver awareness;
- Recognition of the risk indicators of suicide, especially by young people for themselves and their friends;
- Co-operation among community resources involved in suicide prevention;
- Effective responses by trained caregivers during a suicide crisis;
- Support for the survivor of a suicide attempt, and for those bereaved by suicide.



REVIEW OF SERVICES IN BURNABY

1. BURNABY MENTAL HEALTH CENTRE:

Burnaby Psychiatric Services has provided information in the attached summary of their services available to prevent suicide.

2. SERVICES PROVIDED BY BURNABY HEALTH DEPARTMENT:

Primary prevention of suicide is through the work of our preventive staff, which includes psychologists and community health nurses, in the promotion of mental health and in the treatment of children and families who experience stress or face crisis situations in their lives.

In addition, our Long Term Care and Home Care staff by virtue of their close contact and knowledge of our senior population, play an important role in suicide prevention in our community.

3. OTHER RESOURCES:

Children's Hospital -- psychiatrist on call

Crisis Intervention and Suicide Prevention Centre for Greater Vancouver.
24 hour Distress Line -- 733-4111

Children's Crisis Line -- Zen 1234

S.A.F.E.R. -- 879-9251

Burnaby Psychiatric In-Patient Units -- doctors on call during day
Burnaby General Hospital

Alcohol and Drug Outpatient Clinics -- 660-5900

BURNABY SCHOOL BOARD

Most counsellors have some in-service training in suicide prevention. Units in Family Life Curriculum contain topics on depression and suicide. In general, most students in upper elementary grades and in high schools have some exposure to topics of good mental and emotional health that have a bearing on suicide and suicide prevention.

BURNABY PSYCHIATRIC SERVICES

Summary of Services Available to Prevent Suicide

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Burnaby Psychiatric Services has a mandate to provide comprehensive psychiatric services to Burnaby residents of all ages. This includes services to individuals who for a variety of reasons may become suicidal. Our capabilities include both out-patient and in-patient services. In addition, we provide services of a psychiatrist on-call 24 hours a day to Burnaby Hospital. We try to respond rapidly (same day service) to assist any citizen who is suicidal, either through our out-patient system or, in an emergency, at Burnaby Hospital Emergency.

REFERRAL PATHS:

Emergency:

In any case where it is known or suspected that someone has made a suicide attempt (e.g. overdose or self-injury) the person should be taken immediately to the nearest emergency department of a general hospital for proper medical evaluation. Burnaby Psychiatric Services provides the psychiatric evaluation and treatment component of this evaluation at Burnaby Hospital Emergency Department. Royal Columbian Hospital also provides service to some East Burnaby areas and also has the necessary psychiatric resources.

Urgent:

Monday to Friday - Daytime Hours:

In cases where serious suicidal intent is thought to exist the person may be referred or may self-refer to one of the four Team Offices of Burnaby Psychiatric Services. The system will respond and assistance will be given by a variety of means depending on the needs of the individual client.

After-Hours:

In an urgent situation the person may go to a general hospital emergency department (usually it is best for all Burnaby residents to use Burnaby Hospital in these urgent situations) or they may call the 24-hour number of the Burnaby Psychiatric Services in-Patient Unit for consultation as to the best course of action.

Non-Urgent:

Referrals are accepted from any source including self, at any of our teams for help with depression and suicidal tendencies. Caseloads are generally fairly heavy and there may be a short wait before someone can be seen. However, waiting lists are prioritized according to the urgency of the need. There have been limited periods of time when, due to heavy caseloads, the best course of action was to assist the person to access help elsewhere. Crisis situations are always dealt with regardless of caseload.

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Children:

Burnaby Psychiatric Services Children's Team provides preventive interventions to children and adolescents and their families and crisis services similar to those available for adults. The general referral process is somewhat more complex. Therefore the Team has a staff member designated to handle crisis and urgent cases on a "same day" basis. After hours urgent and crisis cases are seen through the same channels as adults.

Burnaby Psychiatric Services Resource Numbers:

North Burnaby Team
206-3900 E. Hastings St.
Burnaby, B.C.
Telephone: 660-7350

South Burnaby Team
7726 Edmonds Street
Burnaby, B.C.
Telephone: 660-8687

Central Burnaby Team
3405 Willingdon Avenue
Burnaby, B.C.
Telephone: 660-5343

Inpatient Unit 24 Hour number: 660-5734

Children's Team
3405 Willingdon Avenue
Burnaby, B.C.
Telephone: 660-5706

