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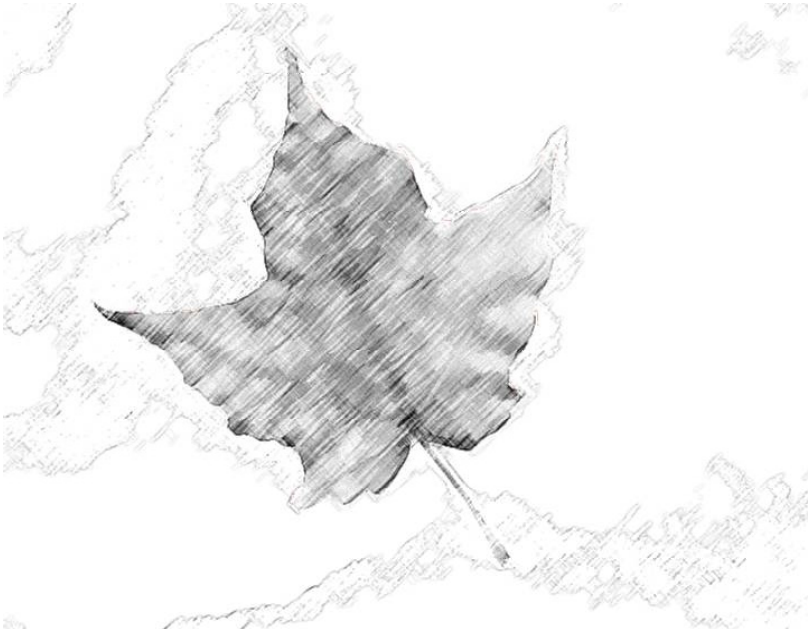
Report on the Workshop on Suicide-Related Research in Canada



Montreal, February 7-8, 2003

This report was prepared for the Canadian Institutes of Health Research (CIHR) and Health Canada by Strachan-Tomlinson, Ottawa, Ontario. The report is a reflection of the workshop proceedings and does not necessarily reflect the opinions of the CIHR or Health Canada.

Contents

Introduction

The purpose of the Workshop on Suicide-Related Research in Canada, held in Montreal February 7-8, 2003, was to develop a national, collaborative agenda on research related to suicide in Canada. Specific objectives were:

a. To review the range of suicide-related research in Canada and internationally
b. To identify and establish themes that will guide suicide-related research over the next 10 years
c. To support multidisciplinary collaboration in research and knowledge translation.

This workshop brought together 43 practitioners, researchers and representatives of non-governmental organizations, Aboriginal communities, Canadian Institutes of Health Research (CIHR[1]) and Health Canada for an exploratory consultation focused on the development of a national agenda on research focused on both suicide and suicide-related behaviour.

Dr. Kevin Keough, Chief Scientist, Health Canada, opened the workshop. He noted Health Canada's interest in good science as a basis for its mandate of improving the health of Canadians. He also commented on the continuing interest of Health Canada in suicide-related research. He noted that despite its small population, Canada has the same problems as larger countries in relation to suicide, but without the resources of those countries to address these challenges. This situation makes partnerships and linkages essential to Health Canada as a means to maximize research and science resources. "There is a need to focus on what we do best, to encourage others to do what they do best, and to find better ways to partner where partnership is the best way to achieve an objective." He noted the special role that the Canadian Institutes of Health Research play in both research funding and partnership development.

Dr Keough emphasized that Health Canada has the sixth largest health delivery system in the country via its role in relation to Aboriginal peoples[2]. He noted the significant challenges for his department in this area and the need to engage with other organizations and researchers to address this problem.

In closing, Dr. Keough thanked participants for taking the time to contribute their expertise to defining a national suicide-related research agenda.

Dr. Richard Brière, Assistant Director, Institute of Neurosciences, Mental Health and Addiction (INMHA), welcomed participants on behalf of CIHR. He noted that this workshop was the result of a collaboration among Health Canada and six of the 13 CIHR Institutes, all of whom are looking forward to the workshop's outcomes.

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[1] A list of acronyms used in this report can be found in Appendix #3.

[2] For the purposes of this report, "Aboriginal peoples" includes First Nations, Inuit and Métis.

Dr. Brière noted that the workshop was planned to encourage a diverse representation of researchers and other stakeholders covering the spectrum of suicide-related research. He emphasized the importance of this diversity: to a unique degree, suicide-related research crosses the CIHR pillars focused on applied clinical, health systems and services and societal, cultural and environmental influences on health and the health of populations. Dr. Brière noted that the goal was to develop a research agenda that could be used as a basis for a CIHR-INMHA Request for Applications (RFA) in the manner of the agenda developed at the Canadian Tobacco Control Research Summit (April, 2002). He hoped that this workshop would provide participants with an opportunity to contribute to the development of both the RFA and a broader suicide-related research agenda for Canada.

The Current Situation

To help provide context for the workshop, participants shared their impressions of the three background documents prepared for the workshop:

- Suicide-Related Research in Canada: A Descriptive Overview
- Survey of Stakeholders in Suicide-Related Areas
- Suicide-Related Research in Selected Countries Other than Canada.

Following are some key points that emerged during their discussions:

- Aboriginal suicide is a major issue.
- Absence of a pan-Canadian research agenda for suicide and related behaviours translates into uncertainty in relation to common research enterprises.
- Communities need to be involved in the design and implementation of research; empowerment happens through participation in research, such as problem identification, choice of what will be studied and how, and implementation of the study.
- Dissemination of knowledge and research findings from Quebec needs to be improved, e.g., through better communication among Quebec francophone and English-Canadian researchers.
- Many developed countries have national suicide prevention strategies. Given jurisdictional issues, a national suicide prevention strategy may not be possible in Canada. A more appropriate Canadian focus would a national research agenda on suicide and related behaviours.
- Much work has been done, but there seems to be a real challenge in relation to translating this work into action.
- More cooperation, collaboration and better communication are required among researchers in Canada and internationally.
- Postvention seems to have a minor role and it could be moved up in priority.
- The emphasis internationally has been, and remains on quantitative studies.
- The nature of the relationship between suicide and depression is not well-studied at epidemiological levels.
- There is a lack of funding for suicide-related research in Canada.
- There is no unified/unifying strategy to current policy and research - we need a national strategy.
- There is something very political about priorities, e.g., it is easier to mobilize political support to protect younger people from suicide. To what extent are they being driven by data about who is being affected?
- We need to build capacity to do good quality research in this area (regardless of the research paradigm). In particular, we need to address the recruitment and retention of new researchers.

- We need to share and disseminate findings, practices and information more effectively – policy is lagging behind knowledge.

Given that these background documents were prepared for discussion purposes during this workshop, and the recognition by participants that they could be revised and expanded, Health Canada will consider options for their future use and reference.

Suicide-Related Research Themes

Participants worked in small groups to develop potential suicide-related research themes. These themes were further developed during plenary discussions. Participants also defined research priorities that cut across theme areas.

For the purposes of this workshop, themes were defined as suicide-related research areas or applications that are central to the reduction of suicide in Canada. Themes tend to cross disciplines, determinants of health and CIHR research pillars. They may vary in scope but should be focused enough to enable the identification of appropriate approaches or methodologies.

Cross-cutting Research Priorities

Participants identified the following priorities (alphabetical order) that are relevant to all suicide-related research themes:

- developmental perspectives across the age-span, with attention to all age groups
- development of consensus related to common language and terminology
- community-based approaches
- ethical challenges and guidelines
- Aboriginal peoples
- sex and gender differences
- sexual identity
- health care system challenges
- knowledge development, translation, implementation and utilization, including best practices
- participatory approaches, e.g., where the population being studied is also involved in setting the objectives of the research and implementing the study
- stigma and discrimination, e.g., their impact on suicidality, help-seeking, availability/accessibility of services and the experience of bereavement by suicide
- suicide is more than a health issue, e.g., it goes beyond the conventional boundaries of health policy and programming.

Potential Suicide-Related Research Themes

Participants developed the following potential suicide-related research themes (in alphabetical, not priority order).

1) Data Systems: Improvement and Expansion
2) Evidence-based Practices
3) Mental Health Promotion
4) Multidimensional Models for Understanding Suicide-Related Behaviours
5) Spectrum of Suicide Behaviours, including Suicide Attempters
6) Suicide in Social and Cultural Contexts.

1. Data Systems: Improvement and Expansion

The improvement and expansion of data systems depends on a strong classification system, reliability and the elimination of biases. Data should be comprehensive, e.g., include information on both completed suicides and suicidal behaviours.

A. Research Pillars most relevant to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
√	√	√√	√√

Comments:

- A comprehensive database could have variables in all pillars.
- A Canadian Suicide Survey could cover the four pillars, as well as policy and decision making.

B. Determinants of health most closely linked to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	√
Employment/ Working Conditions	√	Health Services	√
Social Environments	√	Gender	√
Physical Environments	√	Culture	√

Comments:

- Information variables are required from all categories; however, the problems vary for each determinant, e.g., the system or database needs to link correlates and outcomes to individuals in order to establish strengths of association.

C. Potential Research Questions[3]

- Reliability studies, e.g., biases, misclassification, quality of data
- Standardization of questionnaires, e.g., terminology, variables
- Community and between-community analysis, e.g., inter-regional and intra-regional.

D. Potential Methodologies

- epidemiological approaches
- ensure constituency is represented in Statistics Canada studies and other studies dealing with broader issues than mental health and suicide
- major study that could fill a large gap, e.g., Canada Suicide survey
- ongoing cyclical study
- survey following the New Brunswick single-year-of-data approach
- data associated with the individual.

Discussion

- Aboriginal populations want the OCAP (ownership, control, access and possession) methodology considerations in place. Many elders believe that the rights of communities to be healthy should supersede privacy legislation. IAPH and NAHO can give guidance in this area.
- This research theme is about both research and infrastructure, e.g.,
  - a distinction has to be made between creating a database that researchers can use as a tool, and one that is a "fishing pond" for research questions
  - there is a role for collection, database management, etc., that links strongly with surveillance, CIHI, etc., but research has to be an influence on the future development of data collection tools and techniques
  - to have a scientific basis for indicators, four key concepts must be met: reliability, validity, specificity and sensitivity
  - great deal of research work needs to be done in this area related to mortality and morbidity indicators
  - we need to know the reliability of suicide rates in this country; the contribution of research is to pinpoint the problems (e.g., in data collection) and ways to address them; impediments such as stigma and policy analysis need to be addressed.
- Privacy issues are a concern for researchers.
- There is a lot of information already available – one giant data base won't meet all the needs, e.g., there are many different levels where data needs to be gathered.

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[3] Research questions are not in priority order.

- Some elements don't standardize very well, e.g., coroners' reports, questionnaire variables.
- Working with coroners could provide a significant opportunity, e.g., we could discuss standardization issues with them and ask for input on future directions.

2. Evidence-based Practices

Research on evidence-based practices includes the evaluation of interventions (ranging from clinical treatments, public education and professional/volunteer training to systems-level interventions, policy changes, and strategies for improving knowledge translation and uptake). The focus of evaluative studies can be broad, including the impact on practice and community responses. Research under this theme may also address the determination of what constitutes acceptable influence, and as such will likely use (and examine the use of) methodologies that extend well beyond Random Clinical Trials to include various qualitative and quantitative approaches as well as indigenous knowledge. Also eligible would be studies of how suicide research and the development of evidence-based practices are influenced by current peer review and ethics review processes, and research into the nature of evaluation in this subject area, including its intent and utilization.

A. Research Pillars <u>most relevant</u> to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
√	√√	√√	√√

Comments:

- Basic biomedical is also recognized as important, but not most relevant.

B. Determinants of Health <u>most closely linked</u> to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	√
Employment/ Working Conditions	√	Health Services	√
Social Environments	√	Gender	√
Physical Environments	√	Culture	√

Comments:

- Given the breadth of the theme, it is impossible to exclude any determinant.

C. Potential Research Questions

- What methodologies are most appropriate for assessing the effectiveness and impact of interventions, e.g., indigenous knowledge, qualitative and quantitative?
- How can we ensure knowledge translation and impact, e.g., translating knowledge of protective factors and evaluating effectiveness of changing professional practice?
- What is the effectiveness of bereavement interventions for bereaved individuals, families and communities?
- What services need to be developed for disadvantaged groups, including adolescents, Aboriginals?
- What constitutes the effectiveness of prevention/promotion and their component, e.g., programs, activities and policy?

D. Potential Methodologies

- community and decision maker involvement in development of questions and approaches and the communication of findings
- networked multi-site collaborations
- education and involvement of research ethics boards
- community action research
- participatory research
- longitudinal studies
- policy research
- meta-evaluations
- discipline-based and interdisciplinary strategies
- broad range of quantitative (not just RCT) and qualitative approaches
- disciplinary and cross-disciplinary.

Discussion

- The biomedical pillar should have the same weight as the others; if not, we are excluding one important source of variation. CIHR regards psychology as part of this pillar.

3. Mental Health Promotion

The Mental Health Promotion theme includes components such as actualization, advancement, the development and dissemination of culturally and community-appropriate information. It also covers community capacity, community-based initiatives and cultural continuity at multiple levels, e.g., individual/family/community/ nations. Research topics include protective factors, risk factors and resiliency over the life span and address issues related to discrimination, care for the caregiver (the wounded healer), social competence, shame, stigma and the perception of mental illness. The focus is on a problem-solving approach that is based on efficacy and excellence and that acknowledges the need for growth and fulfillment of human potential. Positive psychology and the effects of social supports and isolation should also be considered under this theme.

A. Research Pillars <u>most relevant</u> to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
	√	√√	√√√

B. Determinants of health <u>most closely linked</u> to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	
Employment/ Working Conditions	√	Health Services	√
Social Environments	√	Gender	√
Physical Environments	√	Culture	√

Comments:

- Gender includes identity and is broader than male and female.[4]

C. Potential Research Questions

- Aboriginal communities: evaluation of role model/wellness
- barriers to funding
- different models of delivering mental health promotion, e.g., the internet
- early, intermediate and long-term interventions
- increased mental health promotion compared to health promotion, e.g., devaluing of mental health relative to other areas
- logic models
- reliable longitudinal data
- new and improved detection and screening
- reasonable outcome areas
- research and policy development
- synergistic effects of multiple strategies
- training and support of mental health programs
- what is "a good enough life"?

D. Potential Methodologies

- case studies/focus groups
- cohort
- community action-based research
- co-relational/survey
- cross-sectional
- cross-sequential
- epidemiology
- general modeling
- hierarchical/modeling approaches
- indigenous knowledge paradigms/ways of knowing/modeling/oral traditions
- internet/brochures/public health campaigns
- literature reviews
- longitudinal methods
- qualitative/narrative approaches
- RCT.

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[4] Participants discussed perspectives on gender and identity and noted a need for clarification of the relationship between the two.

Discussion

- Resiliency is included within this theme area.
- Randomized Clinical Trials can be used where they fit the situation, but should be regarded as one of many different methodological approaches, not necessarily the best one.
- Including detection and screening in this theme area may create confusion related to definitional issues on prevention and promotion. Let's be aligned with generally accepted WHO definitions.
- We have to find a way to help mental health workers in Nunavik. Most are picked for their interest in mental health; some don't have their high school certificates but still have the responsibility. We need to consult with them and provide support systems and a means of evaluation.

4. Multidimensional Models for Understanding Suicide-Related Behaviour

Multidimensional models can be community- and theory-driven, but must be based on theoretical models and multi-dimensional approaches. Models must (a) address more than one factor and (b) explore interactions among factors. There is a need to encourage (but not require) interdisciplinary themes. The focus must be broader than suicide, i.e., it should cover the spectrum of suicide-related behaviour. Priority should be given to projects where design, methodology and measurement across different domains.

A. Research Pillars most relevant to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
√	√	√	√

B. Determinants of health most closely linked to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	√
Employment/ Working Conditions	√	Health Services	√
Social Environments	√	Gender	√
Physical Environments	√	Culture	√

Comments:

- All determinants are linked in a multidimensional approach; we need to focus on interaction among the different domains.

- If these are used as part of the RFA, further definition is required, e.g., social environment would include community empowerment; spirituality should be added.

C. Potential Research Questions

- Mediating factors between mental health and suicide, e.g., why do some people with depression commit suicide and others not?
- Understanding inter-regional variations and mediating factors, e.g., why do some communities have higher rates?
- What accounts for gender differences in suicide-related rates?
- What are the implications of multidimensional models for multidimensional approaches and responses, e.g., neurobiology of suicide?
- What incentive models account for inter-regional variation?

D. Methodologies

- multi-variate studies and analysis
- ideally longitudinal
- life span, e.g., range of factors over time
- need to build on other studies and opportunities to get a significant sample size
- qualitative as well as quantitative
- phenomenological approaches/hermeneutics, e.g., importance/contribution of life experiences.

Discussion

- If "suicide-related" is considered too exclusive, other terms such as "suicide spectrum" could be considered. Multidimensionality is key.

5. Spectrum of Suicidal Behaviours, including Suicide Attempters

The spectrum of suicidal behaviours includes aborted, attempted and assisted suicide, attempts disguised as accidents, deliberate self-harm, euthanasia, the hastening of death through life-threatening or self-injurious behaviour, suicidal gestures, suicidal ideation and suicide threat. It includes non-fatal/sub-intentional attempts, premature death, risk behaviour, screening identification. There is a need for mutually-accepted operational definitions for terms such as parasuicide.

A. Research Pillars most relevant to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
√	√	√	√

B. Determinants of health most closely linked to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	√
Employment/ Working Conditions	√	Health Services	√
Social Environments	√	Gender	√
Physical Environments	√	Culture	√

Comments:

- We are the only group working on dependent variables.
- The focus on selected determinants would be the choice of the researcher.

C. Potential Research Questions

- reasons for wide regional variation, e.g., rates and geographical definitions
- differences across the age span and age groups
- differences between communities in remote and rural areas, e.g., in services
- differences in fluctuation over time, e.g., seasonal, sociopolitical, war
- study of intention of suicidal behaviour, e.g., range from wish to die, to extinguish intra-psychic pain
- link between gender, depression and attempts, including sexual identity
- aftermath of the suicide attempt, e.g., how professionals/hospitals react and treat attempters; follow-up for attempters in the community
- choice of means for suicide and the implications for prevention
- relationship and differences between end-of-life decisions, e.g., understanding the similarities and differences between suicidal behaviours and end-of-life decisions involved in euthanasia and assisted suicide
- role of substance misuse as proximal correlates
- relationship of traumatic childhood experiences to suicide attempters
- understanding the mechanisms in people with repeated suicide behaviours, e.g., predictors
- nature of self-injurious behaviour in relation to suicide
- operationalizing definitions of terms and concepts across languages and cultures
- efficacy of interventions with attempters to prevent completions
- engaging attempters in interventions, e.g., to facilitate help-seeking
- developmental influences related to the concepts of suicide and death
- cross-cultural views of assisted suicide
- biomedical mechanisms of impulsivity and aggression.

D. Potential Methodologies

- epidemiological study, e.g., variation, correlates such as ideation
- qualitative vs. quantitative
- multidisciplinary studies, e.g., not reporting on single indicators from each discipline; anthropology; psychology genetics
- collaborative multi-centre studies, e.g., building infrastructures
- intervention studies
- multi-level, e.g., population to individual focus
- planning related to knowledge translation
- cross-sectional and longitudinal studies
- studies that focus on processes and mechanisms of attempters
- knowledge transfer.

Discussion

- Support areas of investment where there is little activity should be supported, e.g., development of animal models for societal behaviour.
- Terminology and focus need to be more clearly defined where possible, e.g., "attempters" and other operational definitions; "attempters" is negative and inappropriate to use for advocacy purposes
- The collection of morbidity data would be useful.
- CIHR could consider a consensus meeting on the issue of terminology.

6. Suicide in Social and Cultural Contexts

The incidence of suicide in Canada varies dramatically as a function of institutional, regional, social, spiritual, cultural and political contexts. It is critical to develop new knowledge about how these contextual factors have an impact, not only on the incidence of suicide, but on determining what constitutes best practices in the prevention of suicide and in responding to suicide-related social and human problems.

The emphasis is on a) availability across institutions, regions and cultural/ethnic groups, and b) interactions between local and dominant values.

A. Research Pillars <u>most relevant</u> to this theme/area

Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology	Applied clinical, e.g., drugs, devices, social intervention	Health systems, health services, e.g., health care quality, cost-effectiveness	Societal, cultural and environmental influences on health and the health of populations
√	√√	√√√	√√√√

B. Determinants of health <u>most closely linked</u> to this theme/area

Determinants	**Check (√)**	**Determinants**	**Check (√)**
Income and Social Status	√	Personal Health Practices and Coping Skills	√
Social Support Networks	√√	Healthy Child Development	√
Education	√	Biology and Genetic Endowment	√
Employment/ Working Conditions	√	Health Services	√
Social Environments	√√√	Gender	√√
Physical Environments	√	Culture	√√√√

Comments:

- Cultural factors cut across all of the other determinants listed.

C. Potential Research Questions

Research questions concerned with the theme of culture must emphasize variability across groups in suicide rates, attitudes, and values towards suicide or suicide recovery and what constitutes best intervention practices. Examples include:

- what cultural values and practices influence the stigmatization of suicide and attitudes toward suicide recovery?
- what cultural factors are responsible for different suicide rates?

D. Potential Methodologies

In addition to other more standard social science methodologies, cultural studies must make legitimate room for culturally appropriate methods that:

- are more qualitative and ethnographic,
- emphasize lived experience and community participation
- empower rather than undermine cultural life.

Knowledge transfer (in the sense of ongoing collaborative knowledge production involving the community) and collaborative community capacity building assume special importance in doing research with identifiable cultural groups.

Discussion

- Culture is a constantly evolving concept.
- A "one size fits all" national strategy won't work. This is not a monolithic message.
- Although suicide affects individuals, factors and concepts extend beyond variables at the individual level.
- "Discrimination" (both between groups and with individuals) should be treated differently from stigma/shame because of distinct societal and legal issues.

Implementation

For the purposes of this workshop, a community of interest in relation to implementation was a specific group of people who:

- share a common culture, beliefs, values and norms
- exhibit some awareness of their identity (personal/social/professional) as a group
- may live in a defined geographical area
- share common needs and a commitment to meeting them
- are arranged in a social or professional structure according to relationships which the community has developed over a period of time. (*WHO definition, adapted.)*

Communities represented at the workshop included:

- Clinicians/practitioners
- First Nations, Inuit and Métis
- Government
- Non-government organizations
- Researchers.

Each of these groups discussed the nature of their community, potential benefits of a national strategy for their community, current strengths, supports and opportunities, challenges and recommendations, and contributions.

A. Clinicians/Practitioners

This community represents service providers who are at the front-line of the health care system and the "receiving end" of knowledge transfer. Some practitioners are active participants in research endeavours, while others are completely outside and may have a certain skepticism towards research. The community is diverse and multidisciplinary: geographically, its members practice in a variety of locations and there is great variability in terms of numbers. Demand always exceeds resources, an issue that leads to problems related to overwork and burn-out. Mental health resources are consistently under-resourced both in terms of funding and practitioners. Some of the professions within the community have governing standards.

Potential Benefits of a National Research Strategy for this Community

- more effective knowledge transfer, e.g., through strong partnerships with practitioner groups: by involving them in knowledge translation efforts; by ensuring knowledge transfer is embedded in clinical work
- reduction of burn-out and stress among practitioners
- increased emphasis on translation research
- increased funding and attention to problem resources
- maximized relevance of research
- legitimization of everyday practice in suicide prevention

- practical applicability, e.g., skills enhancement
- increased clinical competence
- more confidence/less anxiety related to practice
- opportunity to change practitioner attitudes, e.g., research about practice
- development of role models, e.g., "research intermediaries".

Group members concluded that this community has a lot to gain from effective research.

Current Strengths, Supports and Opportunities

- other health professions have requirements for professional development, e.g., opportunities for research and professional education
- maintenance of certification requires practitioners to participate in Continuing Medical Education
- various agencies facilitate clinical research, e.g., VRQ, the GEREQ Electronic Data Management and Clinical Site Network in Quebec
- there are research agencies in many provinces, e.g., provincial health research agencies.

Research Agenda: Challenges and Recommendations

Challenge	*Recommendations*
Recruitment of subjects for research, e.g., ethical challenges	- Build relationships among researchers and clinicians to increase level of trust. - Compensate practitioners for participating in research.
Skepticism among service providers related to research relevance, timeliness, context-specificity.	- Develop stronger partnerships between researchers and practitioners. - Involve practitioners in defining research questions. - Increase the emphasis on translation of research, e.g., communicating findings in other media besides research journals. - Provide opportunities for clinicians to raise questions and open channels of communication, e.g., through a "knowledge-broker." - Identify a "research foreman" to oversee implementation of knowledge transfer.

What This Community Can Contribute

- access to patient populations
- insight, e.g., provision of feedback; partnerships; increasing/improving the relevance of research questions for everyday practice
- commitment to share research findings through professional associations, e.g., clinical practice guidelines
- helping to define the study subjects.

B. First Nations, Inuit and Métis

This community includes all First Nations, Inuit and Métis populations[5], e.g., youth elders, men and women in urban, rural, remote, and transient settings, as well as language-speakers vs. non language-speakers and Aboriginal mental health researchers. It recognizes the differences among different nations of Aboriginal people on one reserve or in one location, e.g., Six Nations: Mohawk, Cayuga, Oneida, Seneca, Tuscarora, and Onondaga.

The community also includes Aboriginal peoples who are living according to their tradition and those who may be regarded as "westernized" or "Christianized." The federal government relates to this community through Health Canada, Indian and Northern Affairs Canada (INAC), Human Resources Development Canada (HRDC), Justice Canada, Solicitor General, National Defence, the Royal Canadian Mounted Police (RCMP), Department of Veteran Affairs and their partners. At the provincial/ community level, the community relates to provincial departments responsible for education, children's services, health, mental health and addictions services, as well as Justice, Solicitor General, Human Resources Development (Social Services), Regional Health Authorities and Regional Children's Authorities.

Research funding for the community comes through CIHR and its scientific institutes led by the INMHA which chooses its partners to consult (for example, CIHR-IAPH/CIHR-IGH, etc.). Other funders include the Social Science and Humanities Research Council (SSHRC), the Alberta Heritage Foundation for Medical Research (AHFMR), and the US National Institutes of Health (NIH).

It is essential for federal, provincial and territorial (F/P/T) governments to work together to make this research agenda a national success.

Potential Benefits of a National Research Strategy for this Community

- identification of research needs
- sharing of resources
- opportunity to guide non-Aboriginal research without being regarded as "token"
- a demonstration at the research level that F/P/T governments can work together to address suicide and its impact on communities, especially Aboriginal communities.
- development of mechanisms for working together to identify priorities and create work plans for addressing issues
- support for the goal of CIHR to involve provinces in the development of policies and translation of knowledge

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[5] This section represents a summary of individual submissions by Aboriginal participants. These participants recognized the diversity of their cultures and expressed discomfort with the idea of speaking for their communites. This summary should not be viewed as representative of the views of the entire Aboriginal community.

- involvement of Aboriginal people as full partners in any research endeavour that will move toward OCAP (ownership, control, access and possession) principles.
- as per Suicide Prevention Advisory Group (SPAG) report:
  - increasing and improving knowledge in the area of suicide and suicide prevention
  - improving and optimizing existing mental health services
  - engaging the community and community-based approaches
  - fostering and bolstering Aboriginal youth's identity, resilience and culture.
- opportunity to learn from other communities, e.g., reviewing other communities' "best practices"
- providing comparative analysis opportunities due to standardization of approaches.

Current Strengths, Supports and Opportunities

- deliberations at this meeting
- self-determination of and by Aboriginal communities
- CIHR-IAPH partnership relationship with CIHR-INMHA and others
- involvement of Aboriginal people in development of answers or approaches to suicide and Aboriginal suicide and to recognition that Aboriginal people have contributed to the better health of Canadians
- opportunities to be partners in addressing this serious issue, through research and evidence-based research
- opportunity to support F/P/T ministers in bringing mental health, intentional and unintentional injury, and suicide to attention of Canadians and develop action plan to together address it.
- consultation with and involvement of CIHR-IAPH, National Aboriginal Health Organization (NAHO) and the Assembly of First Nations (AFN), Métis National Council (MNC), and the Inuit Tapiriit Kanatami (ITK) in partnerships
- the situation that requires urgent implementation of this research agenda is that rates of suicide among Aboriginal people are disproportional and at a crisis point
- political will
- nursing stations
- youth groups
- Harga houses (urban residences for Inuit going for medical attention)
- schools
- community-based research subsidies.

Research Agenda: Challenges and Recommendations

Challenges	*Recommendations*
Finding out what works	- Conduct solution-focused, "lived experience" research to understand what facilitates healing for suicidal Aboriginal people.
Lack of Aboriginal mental health researchers	- Structure research initiatives to focus on capacity building in First Nations communities, e.g., First Nations research assistants, co-investigators, collaborators.
Knowledge Transfer	- Ensure that knowledge transfer is done in a practical, culturally relevant way that makes it accessible and useful in First Nations communities.
Impact of Privacy Legislation, PIPEDA, Health Information Act and others on research	- Address barriers to research and to implementation, e.g., among F/P/T, RCMP, Military, Solicitor General and Justice. - Recognize different world views among communities. The right of communities to be healthy should be considered a value that trumps privacy legislation, which restricts ability of researchers to have easy access to data and to share it.
Ethics Review process (EAB) related to suicide research	- Foster an understanding of differing world views - Encourage community-based and driven research and the community's interest in setting research questions.
Peer review process, especially in Aboriginal communities	- Open the peer review process to a wider group of reviewers so that Aboriginal knowledge, understanding and ethical views are considered as part of a transparent process that possesses excellent peer-reviewed, evidence-based research.
Systemic issues related to data collection	- Work with communities to address issues related to discrimination and marginalization.

Challenges	*Recommendations*
Competing priorities and political will among F/P/T governments	- Encourage coordination of government priorities at all levels.
Gate keepers	- Encourage openness and collaboration.
Capacity to do research in and with Aboriginal communities.	- Train more Aboriginal people to develop the skills to conduct research in and with their communities - Provide funding and resources to facilitate training.
Overwhelmed and under-resourced front-line workers	- Provide increased support and adequate training to front-line workers to handle complex and distressing situations. - Ensure that knowledge transfer is helpful and culturally appropriate. - Change universities' evaluation processes for researchers, e.g., 25% should be based on how well researchers' findings were returned back to the community.
Multi-disciplinary approaches	- Involve all subgroups within a community.
Lack of adequate resources and services	- Develop a resource book in conjunction with the community.

What This Community Can Contribute

- communication with other Aboriginal mental health researchers
- CIHR and IAPH support of CIHR-INMHA work in all four pillars on suicide prevention
- could people and representatives from all levels, communities, nations and organizations who are willing to be at the table serve as an advisory group to the process, e.g. members of IAPH, NAHO, political organizations, "best practices" resources?
- regular report card regarding national agenda

- participation on a pilot project basis, e.g., when comparing remote, rural and urban communities
- by providing concrete trial and error opportunities
- by making sure that a coordinated research agenda is adaptable to their needs
- by developing and providing an orientation process for researchers about their communities

Involvement of First Nations, Inuit and Métis communities in developmental stages is crucial. Suicide is an issue of very serious concern in and among Aboriginal communities so it is important that the CIHR and Institute of Aboriginal Peoples' Health continue to be involved in the development of any RFA/RFI and that, as policy and research develop, Aboriginal people continue to be involved. The views of Aboriginal health professionals, scientists and researchers should be heard together with participation by CIHR and IAPH.

C. Government

The government community includes primary F/P/T stakeholders such as Health Canada, CIHR, Canadian Institute for Health Information, Statistics Canada, provincial/territorial governments, Assembly of First Nations. Other F/P/T government stakeholders include the Department of Indian and Northern Affairs, Justice Canada, RCMP and the Solicitor General, social services departments, Human Resources and Development Canada, Department of National Defence, Department of Veterans Affairs, central agencies, Treasury Board, Natural Sciences and Engineering Research Council and other public research funders, and departments of education.

Policy and program development and administration, including research program development through CIHR, are important activities of this community. Jurisdictional issues are recognized as potentially problematic to a national research agenda.

Potential Benefits of a National Research Strategy to this Community

- improved program planning
- clear policy development and implementation
- advantages of a collaborative approach, e.g., coordination, reduction of duplication
- better links between CIHR and the provinces and territories
- better support of CIHR mandate to foster policy and program development
- informed priority-setting and decision making
- identification and addressing of common risk and protective factors
- confidence related to existing interventions, e.g., "first do no harm."

Current Strengths, Supports and Opportunities

- existing databases and F/P/T expertise, structures and committees
- a compact research community makes for easier collection and communication
- opportunities to increase capacity by involving communities in the research process and other potential partnerships
- Senate enquiry on mental health led by Senator Kirby
- Alberta Members of the Legislative Assembly
- SPAG will help to highlight suicide-related issues
- existence of electronic health records
- international partnerships.

Research Agenda: Challenges and Recommendations

Challenges	*Recommendations*
Privacy legislation limiting access to data	- To be developed
Coordination across many partners and jurisdictions, e.g., dual responsibilities; problem of dual advocacy	- Develop program level linkages - Bring key issues to decision makers at higher levels.
Competing priorities in the face of many demands, e.g., ensuring political will and buy-in	- Continue to build awareness and networks. - Share the best available information. - Build on emerging opportunities.
Increasing research funding	- Build inter-Institute support. - Foster partnerships and networks.
First Nations, Inuit and Métis buy-in	- Consult with First Nation, Inuit and Métis leaders and organizations. - Build capacity in First Nation, Inuit and Métis communities.

What This Community Can Contribute

- collaboration with researchers and other partners
- facilitation of meetings like this one
- in-kind support for development of research proposals, e.g., data support, expertise
- network building, e.g., bringing researchers and other stakeholders together across Canada.

D. Non-Governmental Organizations

This community serves common groups of people/stakeholders and has a public service role (e.g., to constituent communities, practitioners and researchers) as a broad-based community voice. Non-government organizations (NGO) have a common interest in health prevention/promotion and in the continuum of mental illness. They function as part of a larger health care team and have a special role as distributors and disseminators of information. Their activities include advocacy and fundraising. NGO are often volunteer-based, which helps stimulate a creative, innovative and self-starting environment. They deliver a message and support its development, but are not necessarily a part of the research (e.g., NGO generally do not have direct links to universities).

Potential Benefits of a National Research Strategy to this Community

- improved ability to raise both money and profile of an issue, e.g., among policy makers, funders and F/P/T governments
- good tools with which to work
- recognition that suicide is a serious societal and health issue
- answers to important research questions
- strengthened ability to have an impact on suicide rates
- help in addressing stigma and discrimination.

Current Strengths, Supports and Opportunities

- the current political climate favours strategic development, e.g., there is interest in putting together larger national interests and efforts and moving towards a national strategy; associations such as CASP and the Canadian Alliance on Mental Health and Mental Illness (CAMIMH) are calling for a national suicide prevention strategy
- NGOs have the advocacy and education capacity to bring issues to the attention of key stakeholders
- Report on Mental Illness
- UN guidelines for a national strategy
- Canada is a leader in the collection and dissemination of information, e.g., the library of the Centre for Suicide Prevention and CRISE
- CASP provides a forum for researchers, policy makers and practitioners to come together to share ideas and information through its national conference
- CIHR is the leader of this effort and its next steps, e.g., RFA/RFP.

Research Agenda: Challenges and Recommendations

Challenges	*Recommendations*
Adequate funding for individual projects and research institutes. NGO can't currently access research funding as they're not directly attached to a university.	- Leverage the NGO capacity for brokering relationships among partners and shareholders. - Act as a catalyst: develop a compelling case for funding support in this area.
Coordination among CIHR, CIHI, Health Canada, and Statistics Canada	- Decide on long-term leadership for this initiative, e.g., future planning beyond an RFA.
F/P/T Jurisdictional Issues	- Hold intergovernmental meetings to discuss issues related to effective F/P/T relationships and how to address them.

What This Community Can Contribute

- capacity for dissemination of results and knowledge transfer
- experience in advocacy and fundraising
- the ability to mobilize compelling case stories/profiles to speak on behalf of those affected by suicide.

E. Researchers

The research community includes researchers, universities, student populations, non-university affiliated researchers, support staff, research associates and administration. It is a diverse community that has (a) different cultures, backgrounds and social and professional organizational structures, and (b) different needs and drives, depending on whether or not a researcher is regarded as "established."

There is considerable competition within the community. At the same time, members share common research needs and a commitment to suicide-related research in Canada. They also share a belief in the value of enquiry, of searching for evidence that will help to reduce suicide in Canada.

Research is both Canadian and multi-national. The broader community includes more "contemporary" community-based research. The demographic is largely white, male and middle-aged, but this may be changing. Research Ethics Boards play a role in ethical issues.

Potential Benefits of a National Research Strategy to this Community

- opportunities for more and broader research, e.g., community-driven, qualitative methods and methodologies that may have been previously "sidelined"
- our intentions are being promoted
- a research strategy may result in a more national perspective and facilitate a national suicide strategy
- opportunities for collaboration both nationally and internationally
- creation of the next generation of suicide researchers, e.g., attracting new researchers to the field.

Current Strengths, Supports and Opportunities

- good relationships, e.g., with the Canadian Alliance on Mental Illness and Mental Health, data suppliers and NGOs
- CIHR, e.g., there is a broader number of disciplines that can apply for grants and thus contribute to the research culture; their willingness to fund suicide-related research
- existing international links and influence
- Canada has a body of competent researchers who are willing to enter into genuine collaboration and embrace more than traditional research.
- multidisciplinary approaches
- close links between researchers and community organizations
- specific resources libraries, e.g., SIEC and in Montréal
- existing funded research centres, although funding is limited

Research Agenda: Challenges and Recommendations

Challenges	*Recommendations*
Foster a collaborative, suicide-related research environment in Canada that is multi-site, multi-regional, multidisciplinary and links research at all levels.	- Establish collaborative networks and multi-site research centres. - Provide long-term funding for the development and support of consortia and collaborative projects. - Support cross-site training. - Expand international collaboration and open funding possibilities with collaborative research in other countries. - Incorporate qualitative and quantitative research. - Develop integrated francophone and anglophone research teams. - Maintain balance among the pillars of research.
Ethical Issues	Develop guidelines to address ethical issues in working with people at risk, e.g., facilitate protocol development through REBs.
Evaluation	- Facilitate the process of evaluation, e.g., find competent evaluators, particularly for proposals submitted in French.
The academic reward system does not support some necessary activities such as knowledge transfer.	- Revise CIHR grant awards to recognize this situation. - Work with universities to evaluate the importance of these activities.

Grant mechanisms do not facilitate the formation of community research partnerships	- Facilitate funding to communities to work with and engage researchers to develop projects.

What This Community Can Contribute

- establishment of genuine collaborations that put aside self-interest
- capacity building, e.g., students, new researchers
- facilitation of knowledge transfer:
  - a readily available database of ongoing suicide-related research and expertise
  - a network of expertise related to the national research agenda that could be used to consult with communities
- an annual research day at CASP (with CIHR support) and published proceedings, mostly related to the national research agenda
- periodic (e.g., three year) review of the national agenda and objective review of suicide and studies to review progress.

Next Steps

Participants emphasized the importance of collaborative action on recommendations in this report.

- The workshop report will be forwarded to participants for comment before finalization.
- CIHR and Health Canada will use the report to identify possible subjects for a Request for Applications.
- Health Canada will review the background documents prepared for this workshop and consider options for their future use and reference, e.g., revision and updating; locating the information at a national clearinghouse for suicide-related research information, etc.
- CASP is hosting a suicide prevention conference in Iqaluit May 15-18, 2003 and encourages participants to attend.

Closing Remarks

Dr. Rémi Quirion, Scientific Director, CIHR Institute of Neurosciences, Mental Health and Addiction, thanked the group for their energy and passion at this important first meeting. He emphasized that this was the beginning of the process and hoped that he could count on participants to help move it forward, e.g., through talking to others in the community to get their buy-in.

Dr. Quirion confirmed that CIHR will develop an RFA on suicide-related research once funding becomes available in the next fiscal year and asked participants to provide their advice when the draft RFA is developed. He also encouraged participants to explore other ways in which CIHR could be helpful, e.g., through the open competition for knowledge transfer grants, by suggesting other types of grants such as training grants or community alliance programs, or the cross-cutting initiative on intentional and unintentional injuries, which includes suicide and related behaviours. He suggested that the new CIHR concept of Centres for Health Innovation might be useful to the area of suicide-related research, as well as other possible avenues of funding such as the Canadian Foundation for Innovation and the National Centres of Excellence program. He emphasized that Aboriginal peoples are particularly important to CIHR; INMHA and IAPH will be holding a joint Institute Advisory Board meeting in June, 2003. In closing, Dr. Quirion acknowledged the importance of collaboration and mutual support in furthering the Canadian health research agenda in suicide.

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Appendix #2: Key Terms

Collaboration: is a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own visions of what is possible. Collaboration involves joint problem solving and decision making among key stakeholders in a problem or issue.

Four features are critical to collaboration:

1. the stakeholders are interdependent
2. solutions emerge by dealing constructively with differences
3. decisions are jointly owned
4. stakeholders assume collective responsibility for the future direction of the domain.

In collaboration it is common to have:

- lack of clarity about who is a stakeholder
- disparity of power and/or resources among stakeholders
- complex problems that are not well defined
- scientific uncertainty
- differing perspectives that lead to adversarial relationships
- dissatisfaction with previous and existing approaches and processes.

Collaboration is a distinctly different process than coordination and cooperation.

Coordination	Cooperation	Collaboration
formalized, defined relationships among organizations	informal trade-offs and agreements established in the absence of formal rules	an emergent and evolving process of building substantive agreement

Both coordination (formalized process) and cooperation (informal process) often occur as part of a collaborative process. Once initiated, collaboration creates a temporary forum within which participants can seek consensus about a problem, invent mutually agreeable solutions and develop collective actions for implementation.

Barbara Gray. Collaborating: Finding Common Ground for Multiparty Problems. Jossey-Bass Publishers, London, 1989, 5. Adapted.

Community

A community is a specific group of people who:

- share a common culture, beliefs, values and norms
- exhibit some awareness of their identity (personal/social/professional) as a group
- may live in a defined geographical area
- share common needs and a commitment to meeting them
- are arranged in a social or professional structure according to relationships which the community has developed over a period of time. (*Adapted from the WHO definition)*

Consensus

Substantial agreement. The degree of consensus that has been achieved is measured by asking participants to express one of the following positions:

- **I agree** with the proposal
- **I can live with** the proposal
- **I disagree**, or **remain undecided**.

Silence is not interpreted as consent.

Key questions to determine consensus are:

- Can you live with this?
- Will you support this decision or action within this group?
- Will you support this decision or action outside of this group?

If unable to answer "yes" to these questions, a participant is asked,

- What has to change in order for you to support this decision or action?

Innovation

The degree to which new approaches are used for solving problems and exploiting opportunities in research, and/or the degree to which the research will focus on new types of important or potentially important issues. *(S*ee also the Industry Canada Paper "Achieving Excellence" at www.innovationstrategy.gc.ca*)*

Innovative Research

Research initiatives which produce something new that will have a significant impact in an area.

Knowledge Translation (KT)

Within a complex system of interactions, knowledge translation (KT) is the process that transfers research results from knowledge producers to knowledge users for the benefit of Canadians. Moving beyond the traditional domain of academic publication, it comprises three interlinked components: knowledge exchange, synthesis, and ethically sound application. The goal of KT is to improve health processes, services, and products

as well as the health-care system itself. It employs broad-based and often interactive mechanisms of uptake, dissemination, and debate and entails a complex set of interactions among producers, users and contexts. (CIHR)

Network

Individuals, groups and organizations working collaboratively in support of mutually agreed-upon goals, principles and benefits.

Partnership

For the purpose of this workshop, a partnership is a relationship involving two or more parties who have agreed to work collaboratively toward the goal of addressing an issue or a set of issues. A partnership requires the sharing of power, work, support, resources and information with others. A partnership accrues benefits to each partner while fostering an achievement of ends which are mutually acceptable. Three common types/levels of partnership are: principal, collaborating and consulting.

Stakeholders

Stakeholders are organizations or individuals who have a strong interest in the success of the strategic research agenda.

Appendix #3: Acronyms

ACPS	Association canadienne de prevention du suicide
ACS	Association québécoise de suicidologie
AFN	Assembly of First Nations
AFSP	American Foundation for Suicide Prevention
AHFMR	Alberta Heritage Foundation for Medical Research
CAMHI	Canadian Alliance on Mental Health and Illness
CASP	Canadian Association for Suicide Prevention
CCDPC	Centre for Chronic Disease Prevention and Control (Health Canada)
CCHS	Canadian Community Health Survey
CCSA	Canadian Centre on Substance Abuse
CDC	Center for Disease Control (US)
CFPC	College of Family Physicians of Canada
CHEO	Children's Hospital of Eastern Ontario
CHSRF	Canadian Health Services Research Foundation
CIES	Cenre d'information et d'éducation sur le suicide
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes of Health Research
CMHA	Canadian Mental Health Association
CNA	Canadian Nurses Association
CPG	Clinical Practice Guidelines
CPHA	Canadian Public Health Association
CQRS	Conseil québéois de la recherché sociale
CRISE	Centre for Research and Intervention on Suicide and Euthanasia/Centre de recherché et d'intervention sur le suicide et l'euthanasie
CRSH	Conseil de recherches en sciences humaines
ECT	Electroconvulsive therapy/électroconvulsothérapie
ERIC	Educational Resources Information Centre
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effects
FNIHB	First Nations and Inuit Health Branch, Health Canada
F/P/T	Federal/Provincial/Territorial
FRSQ	Fonds de la recherche en santé du Québec
FTE	Full Time Equivalent
GEREQ	Quebec Electronic Data Management and Clinical Site Network
HC	Health Canada

HRDC	Human Resources and Development Canada
HSFC	Heart and Stroke Foundation of Canada
IAPH	Institute of Aboriginal Peoples' Health
INAC	Indian and Northern Affairs Canada
INMHA	Institute of Neurosciences, Mental Health and Addiction
INSMT	Institut des neurosciences, de la santé mentale et des toxicomanies
IRSC	Instituts de recherche en santé au Canada
ISA	Institut de la santé des Autochtones
IT	Information Technology
ITK	Inuit Tapiriit Kanatami
MHPU	Mental Health Promotion Unit, Health Canada
MLA	Member of the Legislative Assembly
MNC	Métis National Council
MP	Member of Parliament
MRC	Medical Research Council
MSSS	Ministère de la santé et des services sociaux
NAHO	National Aboriginal Health Organization
NGO	Non-government Organization
NIH	National Institutes of Health (US)
NSSP	National Strategy for Suicide Prevention
OCAP	Ownership, Control, Ownership and Possession
OMS	Organisation mondiale de la santé
ONG	Organisme non-gouvernmental
PIPEDA	Personal Information Protection and Electronic Documents Act
RCMP	Royal Canadian Mounted Police
RCTs	Randomized Clinical Trials
REB	Research Ethics Board
REFIPS	Réseau international francophone de prevention des traumatisms et des accidents
RFA	Request for Applications
RFI	Request for Information
RFP	Request for Proposal
RSSS	Réseau de la santé et des services sociaux
SAF/EAF	Syndrome de l'alcoolisme foetal/effets de l'alcoolisme foetal
SAMHSA	Substance Abuse and Mental Health Services Administration
SC	Santé Canada
SIEC	Suicide Information and Education Centre

SPAN	Suicide Prevention Advocacy Network
SSHRC	Social Sciences and Humanities Research Council
UPSM	Unité de la promotion de la santé mentale
VRQ	Valorisation-recherche Québec
WHO	World Health Organization

Appendix #4: A Strategic Research Framework

A. Themes

For the purposes of this workshop, themes are suicide-related research areas or applications that are central to the reduction of suicide in Canada. Themes tend to cross disciplines, determinants of health and CIHR research pillars. They may vary in scope but should be focused enough to enable the identification of appropriate approaches or methodologies.

- **CIHR Research Pillars**

  Which research pillars are relevant to this theme area?
  - Basic biomedical, e.g., genetic, molecular, cellular, tissue physiology
  - Applied clinical, e.g., drugs, devices
  - Health systems, health services, e.g., quality of care, cost-effectiveness
  - Societal, cultural and environmental influences on health and the health of populations.
- **Determinants of Health**

  Which of the following determinants of health are closely linked to this theme area?
  - Biology and genetic endowment
  - Culture
  - Education
  - Employment and working conditions
  - Gender
  - Health behaviors and practices, coping skills
  - Health child development
  - Access to health services
  - Income and social status
  - Physical and social environments (e.g., home/family, workplace, recreation)
  - Social support networks.

- **Potential Research Questions**

  These are examples of research questions that could fit into a theme area. They give an indication of the scope of the theme area and help define how the theme could contribute to the reduction of suicide.
  - What research questions are you aware of that are being investigated in this theme area?
  - What new research questions could provide significant value in this theme area?

- **Potential Impact**

  What impact (outcomes) could research have in this theme area? Whom would it affect? How could it affect them?

B. Implementation

- **Current Strengths and Supports**

  What capacities, competencies, experience or situations exist in Canada that would facilitate the implementation of this research agenda?

- **Opportunities**

  What initiatives and trends could we take advantage of to facilitate the implementation of this research agenda?

- **Current Challenges**

  What additional capacities, competencies, expertise or supports are required to ensure the success of this research agenda? Identify gaps or problems and propose solutions to address each one.