



**WEBINAIRES
NATIONAUX
EN PRÉVENTION
DU SUICIDE**
28 au 30 octobre
2020

**NATIONAL
WEBINARS
ON SUICIDE
PREVENTION**
October
2020 28-30

PROGRAMMATION PROGRAM



Centre de recherche et d'intervention
sur le suicide, enjeux éthiques et
pratiques de fin de vie
Centre for Research and Intervention on Suicide,
Ethical Issues and End-of-Life Practices



CASP Canadian Association
for Suicide Prevention
ACPS Association canadienne
pour la prévention du suicide



AQPS Association québécoise
de prévention du suicide

HORAIRE SCHEDULE

Inscription: www.webinairesps.com
Registration: www.webinarssp.com

Mardi 27 octobre

Tuesday, October 27

- **13:00** Connexion. Soutien. Guérison. Événement virtuel d'apaisement pour les personnes touchées par le suicide.
Comité des personnes touchées par le suicide de l'ACPS
- **13:00** Connection. Support. Healing. Virtual Healing Day Event for People Impacted by Suicide
CASP People With Lived Experience Committee

Mercredi 28 octobre

Wednesday, October 28

- **11:00** Séries de suicide: phénomène de contagion interpersonnelle ou de démoralisation collective?
Michel Tousignant, Centre de recherche et d'intervention sur le suicide, enjeux éthiques et pratiques de fin de vie (CRISE), Université du Québec à Montréal
- **12:30** Suicide Clusters: Interpersonal Contagion or Collective Demoralization?
Michel Tousignant, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE), Université du Québec à Montréal
- **14:00** What is the Connection Between Pandemics and Suicides?
Simon Hatcher, University of Ottawa and **Paul Links**, University of Western Ontario
- **15:30** Sustainable Suicide Bereavement Support Group Initiatives: Strategies and Techniques Informed by Theory, Research, and Lived Experience
Rebecca Sanford, Thompson Rivers University, Kamloops, British Columbia

Les présentations ne seront pas traduites et seront offertes en français ou en anglais. Après chaque présentation, les présentateurs vont répondre aux questions de participants.

Sauf lorsque spécifié, les présentations seront enregistrées et il sera possible de les visionner gratuitement par la suite. Il ne sera pas nécessaire d'être inscrit aux webinaires pour avoir accès aux enregistrements.

Presentations will not be translated and will be offered in English or French. Presenters will respond to questions from participants after each presentation.

Unless otherwise specified, all presentations will be recorded. They will be publicly available after the event (free of charge).

Jeudi 29 octobre

Thursday, October 29

- **11:00** La compréhension du suicide et des comportements suicidaires chez les policiers québécois
Christine Genest, Université de Montréal
- **12:30** Best Practices in Interventions with Frequent Callers to Helplines
Brian L. Mishara & Louis-Philippe Côté, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE) and Département de psychologie, Université du Québec à Montréal
- **14:00** Questioning the Validity of Adolescent Borderline Personality Disorder (BPD): a Prospective Study of 286 Previously Suicidal Adolescents
Brian Greenfield, Montreal Children's Hospital and McGill University
- **15:30** Est-ce que le trouble de la personnalité limite est un diagnostic valable? Une étude prospective de 286 adolescents qui ont été suicidaires
Brian Greenfield, Hôpital de Montréal pour enfants et McGill University

Vendredi 30 octobre

Friday, October 30

- **11:00** Researching Suicide Prevention in Persons with an Intellectual Disability or Autism Spectrum Disorder: Lessons Learned from Current Research
Cécile Bardon, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE) and Département de psychologie, Université du Québec à Montréal
- **12:30** Postvention Program: Being Prepared to Act in the Event of a Suicide (Séguin, Roy & Boilar, 2020)
Françoise Roy, Association québécoise de prévention du suicide
- **14:00** Study of Suicide Death in Nunavik Between 2014 and 2018
Monique Séguin, Université du Québec en Outaouais, McGill Group on Suicide Studies & Québec Network on Suicide Research, Depression and other Comorbid Disorders and **William Affleck**, Université du Québec en Outaouais
- **15:30** Impacts de la pandémie de la COVID-19 sur les comportements suicidaires et mesures de prévention à mettre en place: que nous disent les données?
Marie-Claude Roberge, conseillère scientifique en promotion de la santé mentale et prévention du suicide à l'Institut national de santé publique du Québec et **Pascale Lévesque**, épidémiologiste à l'Institut national de santé publique du Québec

DÉTAILS DE LA PROGRAMMATION

PROGRAM DETAILS

Mardi 27 octobre

Tuesday, October 27

13:00 Connexion. Soutien. Guérison. Événement virtuel d'apaisement pour les personnes touchées par le suicide*

Comité des personnes touchées par le suicide de l'ACPS

13:00 Connection. Support. Healing. Virtual Healing Day Event for People Impacted by Suicide *

CASP People With Lived Experience Committee

***Cette présentation ne sera pas enregistrée.**

***This presentation will not be recorded.**

DESCRIPTION

La journée annuelle d'apaisement de l'ACPS, lancée lors de son congrès 2019, est une occasion pour les personnes ayant été touchées par le suicide de connecter avec les autres par le biais d'activités et d'ateliers planifiés qui mettent l'accent sur le bien-être, la guérison, l'espoir et la promotion de la vie. Bien que nous soyons passés à un format virtuel pour 2020, l'objectif de l'événement reste le même. L'intention est de fournir aux personnes ayant été touchées par le suicide (idéation, tentative, deuil) de nouveaux outils et ressources pour explorer leurs expériences d'une manière qui favorise la guérison. Cet événement donnera l'occasion aux personnes touchées par le suicide d'entrer en contact les unes avec les autres et de faire l'expérience d'une communauté solidaire. Il comprend également un volet expérientiel avec des options de sessions en petits groupes parmi lesquelles les participants peuvent choisir: l'art pour les non-artistes, les bases de la pleine conscience (Mindfulness) et l'écriture expressive.

Lors de l'inscription, les participants pourront choisir leur premier et leur deuxième choix de session en petits groupes en fonction de leurs intérêts et de leurs besoins. Des ateliers en français et en anglais seront également proposés simultanément. Les groupes seront constitués en fonction du nombre d'inscription. Les participants recevront une confirmation de leur inscription, confirmant leur langue de préférence, le choix d'ateliers ainsi que des informations additionnelles de préparation pour leur atelier.

Nous remercions la Commission de la santé mentale du Canada pour leur soutien à cet événement.

OVERVIEW

The annual CASP Healing Day launched at the 2019 CASP Conference is an opportunity for people with lived experience of suicide to connect with one another through planned activities and workshops that focus on wellness, healing, hope, and life promotion. While we have shifted to a virtual format for 2020, the purpose of the event remains the same. The intention is to provide people with lived experience of suicide (ideation, attempt and loss) with potentially new tools and resources to explore their experiences in a way that promotes healing. The workshop will provide an opportunity for people impacted by suicide to connect with one another and experience a supportive community. The workshop also includes an experiential component with breakout session options for participants to choose from: Art for the Non-artist, Mindfulness Fundamentals and Expressive writing.

During the registration process, participants will be able to select their first and second choice for the breakout session depending on their interests and needs. French and English breakout sessions will be offered simultaneously as well. Groups will be constituted according to the number of registrations. Participants will receive an email confirming their registration details (language and workshop) and providing any additional instructions to prepare for the workshop.

Thank you to the Mental Health Commission of Canada for their support for this event

11:00 **Séries de suicide: phénomène de contagion interpersonnelle ou de démoralisation collective?**

Michel Tousignant, Centre de recherche et d'intervention sur le suicide, enjeux éthiques et pratiques de fin de vie (CRISE)

DESCRIPTION

Séries de suicide: phénomène de contagion interpersonnelle ou de démoralisation collective?

Une analyse de 14 séries de suicides (point-clusters) au Québec, dont quatre chez les Premières Nations, conclut que les types d'influence entre personnes décédées ne peuvent être réduits à un phénomène de contagion au sens strict. Les mécanismes entourant ces éclosions sont davantage reliés à un climat social délétère qui démoralise les personnes les plus vulnérables et assombrit leur vision de l'avenir. Les sources d'information sont les enquêtes policières, les amis, la famille proche, les intervenants de la santé, et les responsables locaux. En appliquant une définition opérationnelle de causalité directe entre deux suicides comme une période maximum et l'absence d'autre événement perturbant, il s'avère qu'une minorité

de suicides répond à ces critères. Les témoignages et les messages laissés par les suicidés portent à conclure que le climat de démoralisation d'une communauté ou au sein d'un groupe est plus important que les influences entre individus dans l'éclosion d'une série. Ce climat est caractérisé par des changements structurels profonds et documentés tels la fin d'un mode de vie traditionnel (pêche, chasse, travail forestier), une diminution de la démographie (sites québécois) provoqué par l'exode des jeunes familles et des jeunes qui poursuivent leurs études, une absence de communication entre générations, et toutes ces transformations donnent l'impression à celles et ceux qui demeurent sur place d'être prisonniers d'un cul-de-sac. Une politique de prévention du suicide doit donc se concentrer sur une revitalisation des communautés en même temps que d'aider les personnes les plus à risque.

12:30 **Suicide Clusters: Interpersonal Contagion or Collective Demoralization?**

Michel Tousignant, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE), Université du Québec à Montréal

OVERVIEW

Suicide Clusters: interpersonal contagion or collective demoralization?

An analysis of 14 point-cluster suicides in Quebec, four of them among First Nations, showed that the nature of interpersonal influence between deceased cannot be explained by contagion in the strict sense of the term. The factors behind these outbreaks are more akin to a noxious social climate with a despairing effect on the most vulnerable individuals and leading to a bleak view of their future. The data were collected from police enquiries, friends, family members, health professionals, and local leaders. Using an operational definition of direct causality between two suicides such as a maximum time period and the absence of another serious event, it was found that a minority of suicides met these criteria. The

interviews and the messages left by the suicides lead to conclude that a climate of toxic morale in the community or within a sub-group is more instrumental than the interpersonal influences in the outbreak of a suicide cluster. This climate is characterized by well documented structural changes to a traditional way of life (fishing, hunting, logging industry), a demographic loss (Quebec sites) consecutive to the departure of young families and youth leaving to study outside, a lack of communication between generations, all these changes creating a feeling of a dead-end situation to those left behind. A suicide prevention policy should therefore focus on the revival of these communities as well as providing support to those more at risk.

14:00 What is the Connection Between Pandemics and Suicides?

Simon Hatcher, University of Ottawa and Paul Links, University of Western Ontario

OVERVIEW

The presentation is based on a systematic review of the existing evidence on the potential impact of infectious disease-related public health emergencies on suicide-related outcomes (SRO). After searching and identifying relevant articles eight primary articles and one preprint were ultimately selected for inclusion in the systematic review.

The eight primary studies were published between 1992 and 2017 and examined the effects of epidemics including the Great Influenza Epidemic, Russian influenza, Severe Acute Respiratory Syndrome (SARS) and Ebola Virus Disease (EVD). The preprint investigated the association between COVID-19 and suicidal thoughts and behaviours in the US.

The studies were of relatively low methodological quality, and with minimal previous evidence, in addition to challenges inherent in studying public health emergencies (i.e. absence of baseline data, lack of experimental controls), we cannot draw a firm conclusion regarding a direct relationship between epidemics and suicide related outcomes.

Evidence exists however to suggest a possible impact of the SARS epidemic on older adult suicide deaths in Hong Kong. More specifically, suicide rates among older adults (particularly women) increased both during and following the epidemic. Although of poorer quality, data from the Great Influenza Pandemic and Russian influenza (1889-1893) also suggest an association with suicide deaths. Furthermore, Ebola infection history and influenza B seropositivity were both associated with attempted suicide and preprint data for the COVID-19 pandemic suggest increases in both suicidal thoughts and attempted suicides. The presentation will update this review, suggest possible mechanisms of action and discuss research strategies to prevent suicide in the time of Covid.

15:30 Sustainable Suicide Bereavement Support Group Initiatives: Strategies and Techniques Informed by Theory, Research, and Lived Experience

Rebecca Sanford, Thompson Rivers University, Kamloops, British Columbia

OVERVIEW

Connecting with other people who have been impacted by suicide loss can be an incredibly important and meaningful part of the healing journey. Suicide bereavement support groups are a common way for people impacted by suicide loss to connect with others, gain practical skills for coping, and receive validation and support for this unique loss experience. This workshop aims to further our knowledge about suicide bereavement support groups, particularly the elements essential to creating sustainable initiatives.

Rebecca is a clinical social worker, researcher, and suicide loss survivor. She has developed and implemented suicide bereavement support groups and outreach initiatives in three different communities. In this workshop, she will bring together these diverse perspectives to share strategies, techniques, and ideas for suicide bereavement support group initiatives grounded in a theoretical framework and supported by emerging research and personal experience.

Most notably, she created and led a bereavement support initiative that started as a monthly support group and grew to include two meetings a week, an annual suicide prevention and awareness walk, and an annual event for International Survivor of Suicide Loss Day. Rebecca relocated from the community in 2016, and there was a purposeful and careful transition to ensure the group had a solid foundation to endure the transition period and emerge as a self-sustaining program. Now nine years since it started, the group continues to meet weekly with a peer leadership and facilitation team.

Using this bereavement support initiative as an example, this workshop will present the theory and research that informed actions to ensure sustainability of the group. Specific strategies and ideas for sustainable suicide bereavement support initiatives based on current research will be shared. The workshop will discuss lessons learned that may be helpful to others who are interested in beginning or further developing both peer-led and professionally-led suicide bereavement initiatives.

11:00 La compréhension du suicide et des comportements suicidaires chez les policiers québécois

Christine Genest, Université de Montréal

DESCRIPTION

Le suicide et les comportements suicidaires chez les policiers sont une problématique qui préoccupe de plus en plus les organisations policières et même le ministère de la sécurité publique. Depuis, le début des années 2000, ce sont plus de 50 policiers qui sont décédés par suicide au Québec. Afin de dresser un portrait de cette situation, une revue rapide des écrits (scoping review) a été menée afin d'identifier les facteurs de risque et de protection associés au suicide et aux comportements suicidaires

chez cette population. De plus, une consultation auprès de partenaires a permis de préciser certains de ces facteurs dans le contexte de pratique québécois. Ainsi, les différents facteurs d'influence se retrouvent aux niveaux individuel, familial, organisationnel et social. Les résultats de cette revue des écrits démontrent donc l'importance de développer des programmes de prévention du suicide qui abordent différents niveaux simultanément.

12:30 Best Practices in Interventions with Frequent Callers to Helplines

Brian Mishara & Louis-Philippe Côté, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE) and Département de psychologie, Université du Québec à Montréal

OVERVIEW

Telephone helplines around the world have a small proportion of frequent callers who call quite often, sometimes several times a day over months or longer. We systematically reviewed the scientific publications on frequent callers to suicide prevention helplines. Three major concerns have been raised: First, helplines generally have limited capacity, and they are feel that frequent callers take up so much staff time that other callers cannot access help. Second, counselors report frustration in receiving often "similar" calls from the same callers repeatedly. Third, the therapeutic gains of having so many calls has been questioned. Out of 738 documents found in our literature search, 27 were retained as pertinent for analysis. To date, there is little hard evidence that certain approaches with frequent callers are beneficial. Ten potential recommendations for reducing the frequency of calls and better helping frequent callers, that need verification by more research, were identified. We discuss the possible advantages and disadvantages

of these recommendations. Examples of recommendations include: limiting access to the helpline, maintaining access but limiting the number and duration of calls permitted, assigning a specific counsellor to respond to each frequent caller, creating individualized case management plans for each frequent caller, contacting callers rather than having them contact the center, supporting the caller's social network, and providing specific structured interventions targeting the reduction of anxiety and depression. We will also share some preliminary results of an ongoing study in which we analysed recordings of calls from all callers who had called US helplines that are part of the national NSPL Lifeline network at least 30 times in the preceding month. Our goal in this study is to identify which actual practices are associated with benefits to frequent callers and which result in a reduction in the frequency of future contacts.

**14:00 Questioning the Validity of Adolescent Borderline Personality Disorder (BPD):
a Prospective Study of 286 Previously Suicidal Adolescents**

Brian Greenfield, Montreal Children's Hospital and McGill University

OVERVIEW

Borderline Personality Disorder (BPD) has been characterized in the adult population, and the correlates, predictors and stability of the adolescent version have been demonstrated. However, a recent reconsideration of data from a prior investigation suggest that there is not consistent support for the pediatric construct. That begs the question as to what such youth are suffering with when suicidal and presenting to the emergency room for crisis evaluation? Efforts to reconcile the above seeming contradictions

will call upon Other existing psychiatric disorders. This presentation will review the evidence for and against BPD, and alternative explanations for the suffering of these youth. References will be made to irritability, adversity and complex post traumatic stress disorder, often as it presents through multiple generations. Together, we will explore the pros and cons of using BPD in our lexicon.

**15:30 Est-ce que le trouble de la personnalité limite est un diagnostic valable ?
Une étude prospective de 286 adolescents qui ont été suicidaires**

Brian Greenfield, Hôpital de Montréal pour enfants et McGill University

DESCRIPTION

Le trouble de la personnalité limite (TPL) a été bien caractérisé dans la population adulte, et des recherches auprès d'adolescents ont identifié les facteurs associés, les indicateurs et la stabilité du trouble chez les jeunes. Or, une reconsidération récente des données de recherches suggère qu'il n'existe pas de preuves du construit dans le domaine pédiatrique. Cela amène à se demander: de quoi ces jeunes souffrent-ils réellement lorsqu'ils se présentent à l'urgence pour évaluation lors d'une crise suicidaire? Pour réconcilier ces contradictions apparentes, il est

nécessaire de recourir à d'autres troubles psychiatriques existants. Cette présentation fera une revue des données qui soutiennent et qui s'opposent à l'existence du TPL chez les jeunes, et proposera quelques pistes d'explications alternatives pour comprendre la souffrance de ces jeunes. Des références seront faites à l'irritabilité, aux expériences adverses et au syndrome de stress post-traumatique complexe, qui sont souvent présents sur plusieurs générations. Ensemble, nous explorerons les avantages et les inconvénients d'inclure le TPL dans notre vocabulaire.

11:00 Researching Suicide Prevention in Persons with an Intellectual Disability or Autism Spectrum Disorder: Lessons Learned from Current Research

Cécile Bardon, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE) and Département de psychologie, Université du Québec à Montréal

OVERVIEW

Suicidal Behaviour is frequent in individuals with an intellectual disability (ID) or an autism spectrum disorder (ASD), but remain poorly studied and understood.

Although adequate data is still scarce, we can estimate that up to two thirds of adults with an ASD have had suicidal ideations and a third did at least one suicide attempt in their life. Regarding persons with an ID, prevalence is even less well known, but studies show that between 10% and 25% of persons with an ID had suicidal behaviours in their life.

Researchers and clinicians agree on the fact that is difficult to understand suicide in these groups the same way we do with neuro-typical persons and we need to develop specific assessment and intervention tools.

We will present and discuss the current state of knowledge and practice and our ongoing collaborative work with specialised services in Québec. At the crossroad between suicide prevention and rehabilitation, these projects have allowed us to develop a working model of suicide for these clients, as well as a set of screening, assessment and intervention tools. These tools (Process IDAS – A clinical process for suicide prevention: Intellectual Disability, Autism, Suicide) are currently being used for suicide prevention in various rehabilitation settings in Québec, are currently being translated in English and are subjected to validation studies.

12:30 Postvention Program: Being Prepared to Act in the Event of a Suicide (Séguin, Roy & Boilar, 2020)

Françoise Roy, Association québécoise de prévention du suicide

OVERVIEW

The postvention program is designed for Québec's institutions and organizations that offer postvention services or are called upon to intervene in the event of a suicide. It is also suitable for educational institutions and their administration, workplaces, and living spaces, community that wish to be prepared, act appropriately, and limit the impacts of a suicide.

The postvention program is built on the community's ability to respond to post-suicide difficulties, with a view to conveying a sense of security and competence in light of the situation. Though designed primarily for youth, the program is not youth-specific. It can be adapted to various environments: the secondary and postsecondary education systems, workplaces, and living environments (e.g., group homes, and communities).

The presentation will focus on an overview of:

- The current literature on the impacts of suicide;
- A description of the three specific groups targeted for the proposed interventions;
- The four sequential intervention phases, which extend beyond the period of shock created by the event;
- The ten measures to put in place to avoid a ripple effect and encourage a return to usual life;
- The winning conditions for implementing the program in your community.

14:00 Study of Suicide Death in Nunavik Between 2014 and 2018

Monique Séguin, Université du Québec en Outaouais, McGill Group on Suicide Studies & Québec Network on Suicide Research, Depression and other Comorbid Disorders and **William Affleck**, Université du Québec en Outaouais

OVERVIEW

Objective: The main objective of this study was to trace the life course of those who died as a result of suicide in Nunavik between January 2014 and December 2018.

Method: Three groups were compared: **a)** a group of people who died after suicide; **b)** a group of individuals who have made one or more suicide attempts in their lifetime; and, **c)** a group from the general population who have never attempted suicide. Using a life trajectory methodology, this study made it possible to trace the life events, the progression of developmental adversity, the presence of mental health problems, and the presence of protective factors in all the individuals who were part of this study.

Results: In this study, 84% of those who died by suicide were men, while nearly 70% of people who attempted suicide and those in the no-attempt group were women. The findings point to the importance of substance abuse

and alcohol intoxication at the time of the suicidal act (the suicide or the attempt). Individuals from the attempted suicide group and those from the no-attempt group report having experienced significant social distress associated with episodes of bullying during adolescence and the transition to adulthood. Life trajectories indicate that the three groups have a similar level of adversity at the beginning of life, but deceased individuals show a burden of adversity that progresses throughout their life span compared to the trajectory of the other two groups. Finally, path analyses demonstrated that two variables were clearly associated with suicidal vulnerability, namely bullying and substance abuse.

Conclusion: Results show the need to develop specialized substance abuse services and anti-bullying programs.

15:30 Impacts de la pandémie de la COVID-19 sur les comportements suicidaires et mesures de prévention à mettre en place: que nous disent les données?

Marie-Claude Roberge, conseillère scientifique en promotion de la santé mentale et prévention du suicide à l'Institut national de santé publique du Québec et **Pascale Lévesque**, épidémiologiste à l'Institut national de santé publique du Québec

DESCRIPTION

L'actuelle pandémie de COVID-19 et les circonstances exceptionnelles qui en découlent exacerbent certains facteurs de risque reconnus comme étant associés à la mortalité par suicide. Parmi ces facteurs on retrouve l'isolement social et la solitude, l'insécurité financière et les pertes d'emploi, l'accès à des moyens létaux et les barrières d'accès aux soins ainsi que la violence conjugale et la maltraitance. On observe également, dans certaines circonstances, une augmentation de l'anxiété, des symptômes de dépression et des pratiques de consommation de substances psychoactives, tous des facteurs de risque aussi associés au suicide. Conséquemment, certains craignent une hausse des comportements suicidaires. Qu'en est-il exactement? Que nous dit la littérature récente et passée à ce sujet?

Cette présentation portera sur les résultats d'une synthèse des connaissances visant à connaître les impacts d'une crise sanitaire et économique sur le suicide et à identifier les groupes les plus vulnérables face au suicide en temps de crise ainsi que les facteurs de risque et de protection. Des illustrations, à partir de cas type, des circonstances en contexte de COVID-19 qui pourraient être associées à un risque de suicide ainsi qu'un survol des mesures de prévention à mettre en place seront ensuite proposés.

BIOGRAPHIES DES CONFÉRENCIERS

SPEAKER BIOGRAPHIES



**William
Affleck**

William Affleck holds a PhD in Social and Transcultural Psychiatry from McGill University. Currently he is a Post-doctoral researcher at Université du Québec en Outaouais, where he undertakes research on suicide amongst Inuit of Nunavik.



**Cécile
Bardon**

Since July 2019, Cécile Bardon is a professor in the Department of Psychology at Université du Québec à Montréal (UQAM), Associate Director of CRISE and a researcher with the Chair on intellectual disability and behavioural disorder at UQAM. She received a PhD in Psychology in September 2014.

Cécile Bardon is currently working on collaborative research projects addressing:

- Suicide and suicide prevention in persons with an intellectual disability or an Autism spectrum disorder
- Development and evaluation of suicide risk assessment instruments
- Programme development and evaluative research
- Work related trauma associated with suicide and organisational interventions to reduce distress, trauma/ and suicide risk.

Knowledge transfer and application are important objectives for this researcher, who is involved in developing and facilitating various activities to disseminate and transfer knowledge in suicide prevention with CRISE's documentation centre.



**Louis-Philippe
Côté**

Louis-Philippe Côté is a PhD candidate in psychology at the Université du Québec à Montréal (UQAM) and a member of the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE). His research interests focus on the use of new technologies in suicide prevention. As part of his research activities with CRISE, he has studied the behaviors of suicidal Internet forum users, investigated the presence of suicide-related content on the Darknet, and coordinated the evaluation of the Crisis Services Canada (CSC) SMS intervention pilot project. In collaboration with the Association Québécoise de Prévention du Suicide (AQPS), Louis-Philippe Côté coordinated the scientific activities in the development of the Quebec Digital Suicide Prevention Strategy.



**Christine
Genest**

Christine Genest, inf PhD, professeure agrégée Faculté des sciences infirmières à l'Université de Montréal. Chercheure au CRISE et au Centre d'étude sur le trauma du Centre de recherche de l'Institut Universitaire de Santé Mentale de Montréal.

Christine Genest est une chercheure en sciences infirmières qui s'intéressent à la prévention du suicide particulièrement en lien avec les premiers répondants et les endeuillés par suicide. Elle collabore actuellement à différents projets de recherche qui s'intéressent aux blessures de stress posttraumatique et au suicide chez le personnel des milieux correctionnels et chez les pompiers. Elle siège également sur le comité d'expert qui collabore au développement du plan d'action national pour la prévention du suicide chez les policiers.



**Brian
Greenfield**

Dr Greenfield est un vieil homme déjà, un père, un mari, un psychiatre et un psychanalyste.

Encore aujourd'hui, il est un simple professeur associé de psychiatrie et de pédiatrie à la Faculté de médecine de l'Université McGill et directeur de l'équipe d'urgence en santé mentale de l'Hôpital de Montréal pour enfants. Ses intérêts de recherche portent sur les déterminants du suicide pédiatrique, avec un intérêt particulier pour le trouble de la personnalité limite, l'irritabilité et les expériences négatives dans l'enfance. Ces concepts ont récemment été explorés dans un éditorial du JAMA Network dont il est co-auteur.

Dr. Greenfield is an old man already, a father, husband, psychiatrist and psychoanalyst.

He is still only an Associate Professor of Psychiatry and Paediatrics at McGill university Faculty of medicine, and the Director of the Montreal Children's Hospital Mental Health Emergency Team. His research interests concern the determinants of pediatric suicide, with a recent focus on borderline personality disorder, irritability and adverse childhood experiences. These concepts were recently included in a JAMA Network Editorial Commentary that he co-authored.



**Simon
Hatcher**

Dr. Simon Hatcher is a Full Professor of Psychiatry at The University of Ottawa, Canada. He moved to Ottawa from the Department of Psychological Medicine in Auckland, New Zealand in May 2012. He trained in C-L psychiatry in the UK and ran a C-L service in New Zealand for 20 years. His main research interests include suicide, self-harm, psychotherapies, clinical trials and e-therapies. He has been the principal investigator in several large trials of non-pharmacological interventions in people who present to hospital with intentional self-harm. Currently he is the principal investigator on a cluster randomized trial of blended therapy for suicidal men in Ontario. The OHRI research lab he heads Hatching Ideas Hub focuses on clinical trials in underserved populations such as suicidal men, the homeless and first responders. Clinically he works in the downtown homeless shelters in Ottawa and the Liaison Psychiatry service at The Ottawa General Hospital. He is the Vice Chair of the Department of Psychiatry.

Outside work he enjoys motorbiking, hiking, kayaking, creative writing and restoring bush to its native state.



**Dr. Paul
Links**

Dr. Links is Professor with the Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton ON, Canada. From 2012 until 2016, Dr. Links served as the Professor and Chair, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, Chief of Psychiatry, London Health Sciences Centre and St. Joseph's Health Care, London, Ontario. Prior to coming to Western University, Dr. Links was holder of the Arthur Sommer Rotenberg Chair in Suicide Studies, University of Toronto for three terms. This Chair was the first in North America dedicated to suicide research. Dr. Links was the former President for the Canadian Association for Suicide Prevention (CASP) and former President of the Association for Research on Personality Disorders. Dr. Links served as the Editor of the Journal of Personality Disorders from 2009-2011. He was previously on the Editorial Board of Canadian Journal of Psychiatry.

He has published over 160 articles in scientific journals and four books. As an investigator he has received research grants from many agencies including Health and Welfare Canada, the Ontario Ministry of Health, the Ontario Mental Health Foundation, Canadian Institutes of Health Research and the Workplace Safety and Insurance Board of Ontario. In October 2009, Dr. Links was awarded the CASP Research Award for outstanding contributions to the field of suicide research in Canada. In May 2013, Dr. Links received the Borderline Personality Disorder Resource Center at New York-Presbyterian Hospital Award for Distinguished Achievement in the Field of Severe Personality Disorders.



**Brian L.
Mishara**

Brian L. Mishara is Director of the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE) and Professor of Psychology at the Université du Québec à Montréal (UQAM), in Montreal. His publications include seven books in English and five in French, and over 170 peer reviewed scientific articles and book chapters. He is the Principal Investigator for the evaluation of the Mental Health Commission of Canada's Roots of Hope comprehensive suicide prevention pilot programmes. His current research projects include a study of how to best help frequent callers to suicide prevention helplines, the determination of best suicide prevention practices using text messaging and chat, a community follow-up project to prevent repeated suicide attempts in Nunavut, ethical issues in Medical Assistance in Dying and the relationship between suicide and Maid. He was a founder of Suicide Action Montreal, the Montreal suicide prevention centre, a past president of the International Association for Suicide Prevention and the Canadian Association for Suicide Prevention and Vice-Chairperson of the Trustees of the Befrienders Worldwide international helpline network. He consults and conducts suicide prevention training internationally.



**Rebecca L.
Sanford**

Rebecca L. Sanford, PhD, RCSW is an Assistant Teaching Professor in the School of Social Work and Human Service at Thompson Rivers University in Kamloops, British Columbia, Canada. Dr. Sanford currently serves as Vice-President on the Board of the Canadian Association for Suicide Prevention. Dr. Sanford's research, clinical, and lived experiences inform her approach to practice and her research agenda, primarily in the areas of suicide prevention, exposure to suicide, and suicide bereavement. She has provided individual and group interventions for those who have lost a loved one to suicide, and she is involved in community outreach efforts to promote awareness of suicide and to support people impacted by suicide. Her research interests include the impact of exposure to suicide, the suicide bereavement trajectory, disenfranchised grief and ambiguous loss, and the development and dissemination of interventions for the bereaved.



**Marie-Claude
Roberge**

Marie-Claude Roberge, conseillère scientifique en promotion de la santé mentale et prévention du suicide, Institut national de santé publique du Québec.

Marie-Claude Roberge détient une maîtrise en sociologie de la santé et cumule plus de 25 ans d'expérience dans le domaine de la promotion de la santé. Elle est conseillère scientifique à l'Institut national de santé publique du Québec depuis 2004. Elle d'abord été impliquée dans la conception et le déploiement de l'approche École en santé au Québec. Depuis 2012, elle est responsable des dossiers de promotion de la santé mentale ainsi que de prévention des troubles mentaux et du suicide. Les travaux menés à l'INSPQ visent à soutenir les acteurs de santé publique et leurs partenaires pour l'amélioration des connaissances et l'optimisation des pratiques, notamment par la production de synthèse de connaissances et l'animation d'activités de transfert de connaissances.



**Françoise
Roy**

Françoise Roy, M.Ed., is the clinical manager of digital intervention at the Association québécoise de prévention du suicide and a consultant in suicide prevention and skills development. She has been working in prevention for over 35 years and has been involved in various local, regional and Quebec's provincial organizations for the development of the skills of suicide prevention workers and trainers. A recognized speaker, Françoise Roy is co-author of several suicide prevention programs and training courses, including the training course Best practices in suicide intervention (Bazinet, Roy et Lavoie, 2010) and the Postvention Program: Being Prepared to Act in the Event of a Suicide (Séguin, Roy and Boilar, 2020). Françoise Roy is also a lecturer at the Université du Québec en Outaouais.



**Monique
Séguin**

Monique Séguin Ph.D. is professor of psychology at the Université du Québec en Outaouais, and a researcher at the McGill Group on Suicide Studies at the Douglas Mental Health University Institute since its foundation and a researcher with the Québec Network on Suicide Research, Depression and other Comorbid Disorders.

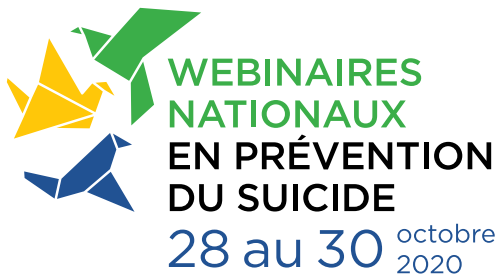


**Michel
Tousignant**

Michel Tousignant a complété plusieurs publications sur suicide et culture, sur les comportements suicidaires chez les jeunes ainsi que sur les autopsies psychologiques chez les adultes, les personnes souffrant de schizophrénie et les Premières Nations. Co-auteur de Comprendre le suicide (PUM, 2004) avec Brian L. Mishara, il prépare actuellement un livre sur des séries de suicides au Québec et chez les Premières Nations.

Michel Tousignant has completed many publications on suicide and culture, on youth suicidal behaviour as well as on psychological autopsies including adults, people with schizophrenia and First Nations. Co-author of Comprendre le suicide (PUM, 2004) with Brian L. Mishara, he is preparing a book on suicide clusters in Quebec and among First Nations.

Autre conférencière : Pascale Lévesque, épidémiologiste à l'Institut national de santé publique du Québec



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CASP Canadian Association
for Suicide Prevention
ACPS Association canadienne
pour la prévention du suicide



AQPS Association québécoise
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