

# SUICIDE RISK

TOOLKIT FOR  
OCCUPATIONAL  
THERAPISTS

# Document Purpose

(1) Empower and provide resources for Occupational Therapists to discuss the problem and possible solutions with partners and stakeholders, and;

(2) Advocate for the role of Occupational Therapy in suicide prevention, intervention and postvention.

## Who is it for?

- Occupational Therapists engaging in discussions with organizations, government and communities about addressing suicide risk.
- Occupational Therapists who are engaging the Occupational Therapy community to create awareness and desire to become active in this work, regardless of the practice setting.
- Non Occupational Therapists to provide basic information on the value of Occupational Therapy in the area of suicide prevention, intervention and postvention.

## Key Messages

- Suicide Risk is a real and significant issue in Canada.
- Collaboration with partners and shareholders is crucial.
- Occupational therapists focus on enabling meaningful occupational participation to address suicide prevention and postvention.
- Each advocacy strategy should be tailored to the unique needs of the partner/stakeholder.

Suicide impacts people of all ages and backgrounds in Canada.<sup>1</sup>

For every death by suicide, at least 7-10 survivors are impacted by the loss.<sup>1</sup>

Ability decline related to illness is evident before death by suicide.<sup>4</sup>

On average more than 10 Canadians die of suicide per day.<sup>1</sup>

## NATURE OF THE PROBLEM

Death by suicide accounts for 1/3 of the deaths among ages 45-59 years.<sup>2</sup>

Suicide is the second leading cause of death among youth and young adults.<sup>3</sup>

Suicide risk increases more from an ability decline than to live with suffering.<sup>4</sup>

When a person's ability declines, they can experience life as a burden.<sup>3</sup>

1. <https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>

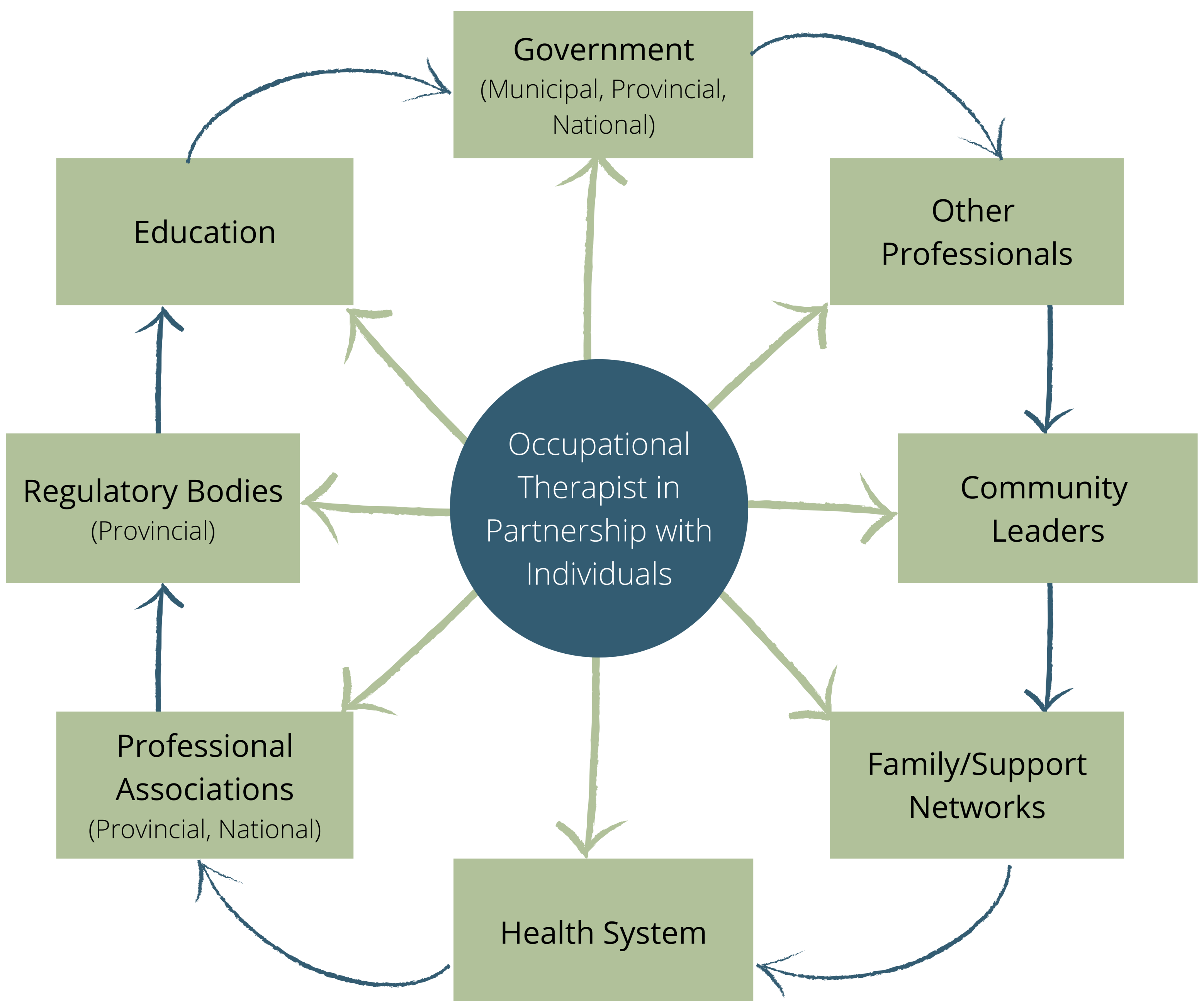
2. <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>

3. Kjolseth, I., Ekeberg, O. & Steihaug, S. International Psychogeriatrics (2010), 22:2, 209-218

4. Kjolseth, I., Ekeberg, O. & Steihaug, S. Aging & Mental Health Vol. 14, No. 8, November 2010, 938-946

# PARTNERS

No important work is done in isolation. Addressing suicide is complex and demanding. By joining forces we can make a real impact on individuals and their families. Stakeholders vary depending on the context but shared collaboration between everyone involved, especially individuals and their families is vital.



# OCCUPATIONAL THERAPY ROLE IN SUICIDE PREVENTION



Targeting meaning is at the core of suicide prevention and central to occupational therapy practice.

Occupational Therapists (OTs) focus on the Person, the Environment and the Occupation (ACOTRO, ACOTUP, CAOT (2021)).

**Occupation**  
=  
**Any Meaningful Activity**

As long as it really matters, in a way that really matters, with people who really matter in a chosen community for a particular person (Lawlor, 2003; Park & Rouleau, 2022).

After her husband died, Francine felt really lonely and started planning her death...The OT had a few conversations with her about her suicide ideas and about what she used to like doing...Francine started taking care of the plants in the OT room...it brought back good memories... After discharge from the hospital, she joined a community garden and found people who shared a similar interest and a place where she belongs. (Photo by Centre for ageing Better from Pexels)

OTs collaborate with the person to address barriers and promote enablers to participation in meaningful activities (Egan & Restall, 2022).

OTs help figure out what makes one's life meaningful.  
Finding meaning in life and getting involved in meaningful activities may help prevent suicidal ideas, feeling useless, lonely and hopeless (Constanza et al., 2020).

OT sessions can be a space to explore possible hoped-for-selves and hoped-for-scenes (Mattingly, 2006).

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Costanza A., Amerio A., Odone A., Baertschi M., Richard-Lepouriel H., Weber K., Di Marco S., Prelati M., Aguglia A., Escelsior A., Serafini G., Amore M., Pompili M., & Canuto A. (2020). Suicide prevention from a public health perspective. What makes life meaningful? The opinion of some suicidal patients. *Acta Biomed*, 10(91(3-5)), 128-134. doi: 10.23750/abm.v91i3-S.9417.

Lawlor, M.C. (2003). The significance of being occupied: the social construction of childhood occupations. *Am J Occup Ther*, 57(4), 424-435.

Mattingly, C. (2006). Hoping, willing, and narrative re-envisioning. *Hedgehog Rev*. 8(3), 21-35.

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# What Occupational Therapists do for Suicide Prevention – Intervention – Postvention

(CAOT Role Paper – Suicide Prevention in Occupational Therapy, 2019)

**Prevention:** OTs reduce factors that contribute to suicide

- Promote re-engagement in occupations by addressing barriers and enhancing enablers to participation.
- Work with unique populations at risk such as people with functional decline
- Enhance protective factors such as links with community resources.
- Identify warning signs and detect suicide risks in all practice areas.
- Contribute to safety plans for individuals at risk that includes meaningful occupations to increase motivation and commitment.
- Collaborate with community agencies such as crisis centers.

**Intervention:** OTs increase the safety of persons with suicidal thoughts, intent or plan similar to other workers involved with vulnerable populations

- Offer immediate attention
- Assess actual suicide risk level
- Guide to proper services to ensure safety

**Postvention:** OTs help people who attempted suicide

- OTs discuss a safety plan involving occupations and significant others, as well as available supports.
- OTs help re-establish meaning through re-engagement in meaningful roles and occupations.

**Postvention:** OTs help people who are affected by a loss by suicide

- OTs offer individual or group-based supportive interventions.
- OTs may coach the media to report sensitively on suicide.

# ADVOCACY CHECKLIST

## OTs ADVOCATING FOR ROLES IN SUICIDE RISK

### PURPOSE

This checklist was created to support Occupational Therapists (OTs) or other professionals in health care who are advocating for the role of OTs in suicide prevention, intervention, and postvention.

### PRINCIPLES OF ADVOCACY

**Advocacy** is an attempt to **influence** legislators and others in positions of power to **impact** policy and **decision-making**.

### ADKAR MODEL OF CHANGE

Understanding how to advocate effectively begins with conceptualizing a model of change. The **ADKAR model** of change, developed by Hiatt & Creasey (2003), proposes that there are five elements of change which are required to happen in sequential order to enable change in people, businesses, governments, and communities.



(<https://online.visual-paradigm.com/diagrams/templates/adkar/adkar-model-template/>)

1. The first element of the model is **awareness**, which involves informing the target audience why a change is needed, the risks of not changing, and enlightening the audience on the problem at hand (Hiatt & Creasey, 2003). Awareness is the first step in advocacy because politicians and other people in decision-making positions may not have all the information necessary to inform their policies and programs.

- Regarding OTs role in suicide risk, decision-makers may be lacking information regarding the severity of the problem of suicide in Canada and may have limited information about the unique role of OT. It is therefore important to be clear with the target audience about the statistics of suicide in the community in which you are advocating, and state specifically how OTs can support to address the problem at hand. The resources in this toolkit serve as a starting point to share information about the scope of the problem of suicide in Canada and the role of OT in contributing to the solution.

2. The second element of the model is **desire**, which represents the motivation to participate in change. Desire may be the most challenging step because it relies on persuading people to change their thinking and willing them to take action (Hiatt & Creasey, 2003). In order to foster desire, it is essential to determine the motivators of the target audience and demonstrate how change may benefit them.

- When advocating for the role of OTs in suicide work, it will be important to highlight how OTs can impact outcomes for clients, reduce costs on the health care system, and benefit long-term outlooks for communities.

3. The third element is **knowledge**, which includes outlining specifically how change can be made (Hiatt & Creasey, 2003). In the case of OTs working in suicide risk, once the target audience knows about the problem (e.g. suicide rates in the community), and they have a desire to fix the problem, they will then need to know what to do about the problem.

- The solutions proposed can vary based on the needs of your specific community/organization. It is best to be specific about stating how OTs can be involved and in what settings.
- Examples of solutions may include
  - An OT working at a hospital or clinic advocating for a suicide prevention group
  - An OT working in the community might advocate for additional visits to address suicide risk with a client
  - An OT may see a job posting that is a non-traditional OT role which could lead to community engagement opportunities to address suicide risk in the community
  - The government may be allocating health-care funding for a new suicide risk initiative and OTs may be well-positioned to establish a suicide prevention strategy in the community

4. The fourth element of the model is **ability**, which is the turning point of knowledge into action. It requires the capability to carry out the change that is being proposed (Hiatt & Creasey, 2003).

- For OTs working in suicide, it will require the appropriate funding and program development skills to create the change that is being proposed (e.g. funding available for an OT role and the skills to develop that role appropriately).
- OTs interested in this work may be interested in getting more training through workshops and further research on suicide prevention, intervention and postvention.

5. The last element of the model is **reinforcement**, which refers to the factors that keep change sustainable (Hiatt & Creasey, 2003).

- When OTs are advocating for their role in suicide prevention, intervention, and postvention, they should include a plan for sustainability, which may include ongoing evaluation of the program/role, plans to reduce barriers, and ongoing advocacy to secure funding long-term.



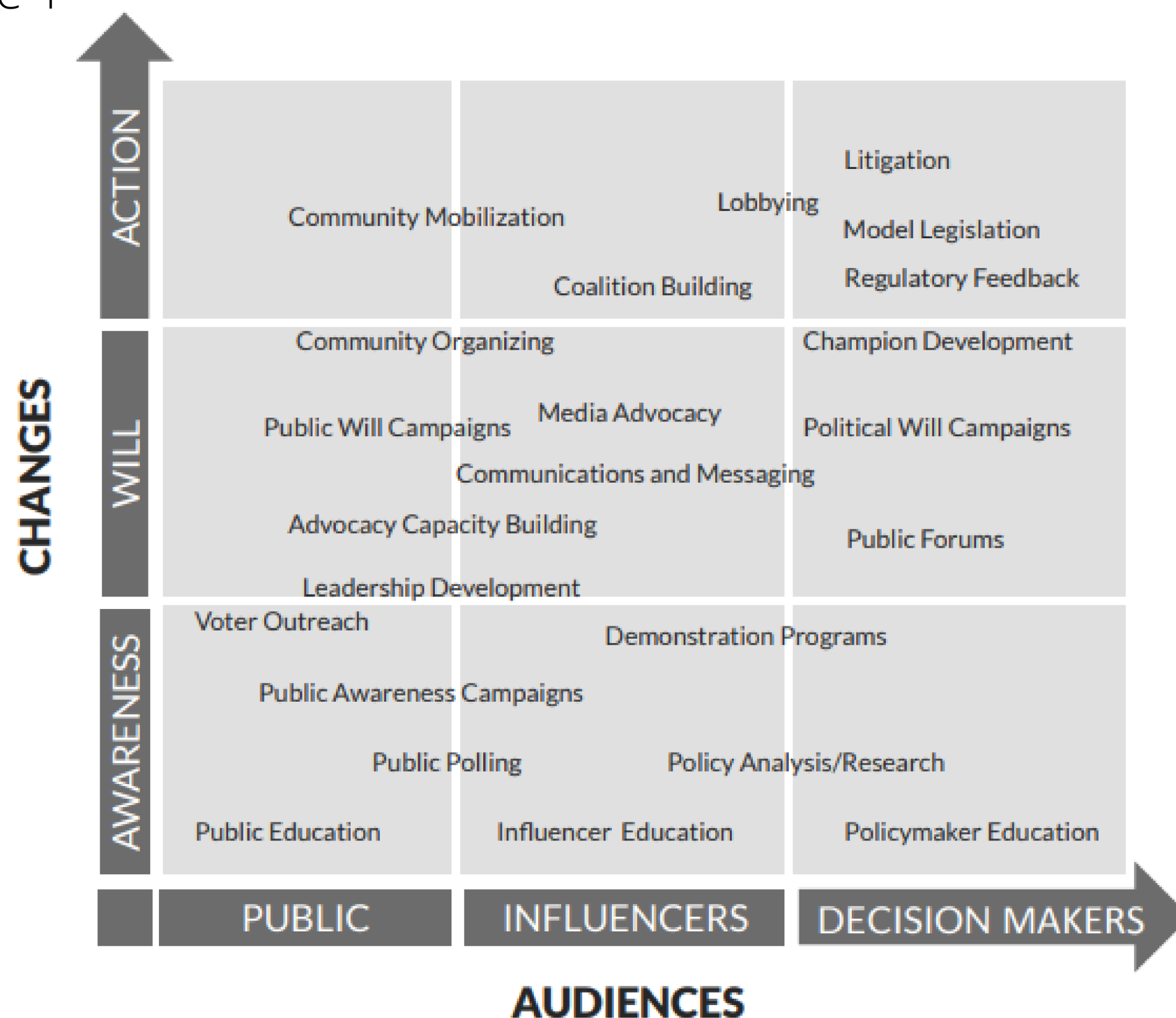
# TARGET AUDIENCE

The ADKAR model allows us to determine what level of advocacy is appropriate based on the target audience's current level of awareness. Therefore, the next important step in advocacy is to determine specifically who your target audience is. Although politicians are often assumed to have the most power in decision-making, it is also valuable to advocate to the general public to garner support, as well as to other people in positions of power such as administrators of hospitals who make financial decisions in health care.

When the target audience has been determined, **the next step in advocacy is to pick an advocacy strategy that aligns with the phase of advocacy you are in** (e.g. which step in the ADKAR model). **The Advocacy Strategy Framework** (Coffman & Beer, 2015) outlines how to determine the advocacy strategy as demonstrated in Figure 1 and Figure 2 below.

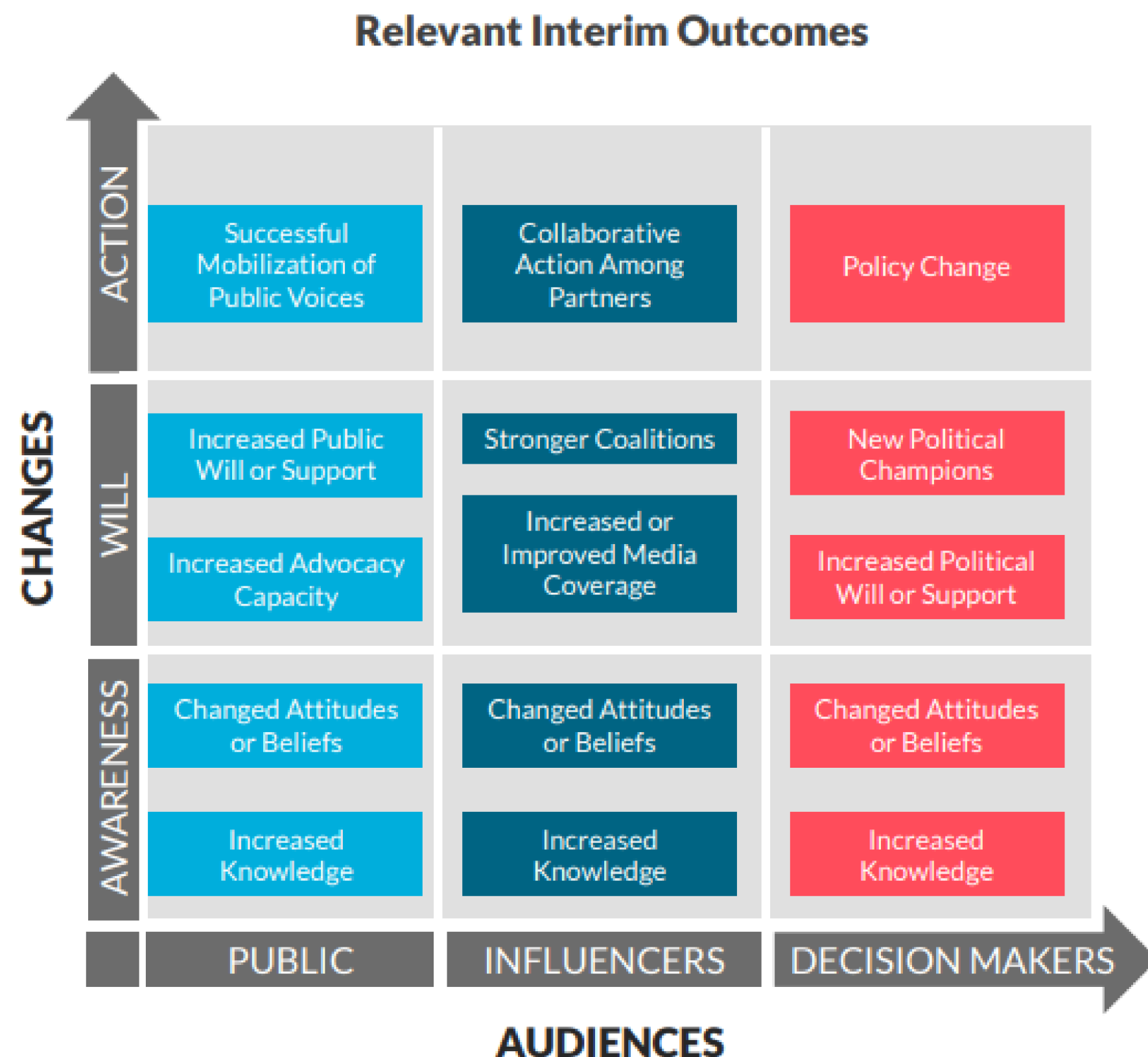
In **Figure 1** (Coffman & Beer, 2015) we can see that there are different levels of change, which align with the elements of ADKAR (e.g. awareness, will = desire, action= ability). We also see that there are different possibilities for target audiences (e.g. public, influencers, and decision-makers). As an example, in **Figure 1** we can see that if our goal of advocacy is to raise awareness, and the audience is an influencer, a possible advocacy strategy may be a public awareness campaign.

Figure 1



In **Figure 2** (Coffman & Beer, 2015) we can see the possible outcomes of each of the advocacy strategies, for example if we complete a public awareness campaign that targets influencers, it may result in increased knowledge and changes of attitudes and beliefs.

Figure 2



Conversely, if you know the outcome that you are hoping to achieve (Figure 2) you can work backwards using the graphs to determine who your target audience should be and what strategy to use. For example, if your goal is to increase political support, we can see that falls in the “will” category of advocacy and “decision-maker” category of audience, therefore the advocacy strategy to try may be a public forum, as per Figure 1.

In summary, it is important in advocacy work to be mindful of who the target audience is, what stage in the ADKAR model, or stage of change they are in, and select a specific advocacy strategy that aligns with both the audience and level of change in order to be most effective in achieving the advocacy goals.

# ADVOCACY CHECKLIST

The Advocacy Checklist consists of practical tips about how to be more efficient and effective when advocating for the role of OTs in suicide prevention, intervention and postvention. The checklist can be broken into two parts; part one includes tips and strategies to put yourself in a position to advocate to members of the public, an influencer or a decision-maker, and part two includes strategies to implement when you are given the opportunity to advocate (Canadian Association of Occupational Therapists, 2021; Canadian Association of Occupational Therapists, 2016; Ontario Society of Occupational Therapists, 2013; Froese, D, Montour, E, & Anand, H, personal communication, July 22, 2021).

## Part 1: BE STRATEGIC!

1. Identify a challenge or opportunity that will open the door to advocate
2. Determine who your target audience is and pick an advocacy strategy that best aligns with the audience and what they need (based on the aforementioned principles of advocacy).
3. Based on the audience and strategy, determine what information and resources will be required to advocate most effectively and what method will be used to share it (e.g. public meeting, social media campaign, etc.)
4. Gather any evidence, resources, technology or collaborators needed for the advocacy strategy
5. Set SMART goals and objectives of the advocacy campaign and assign specific tasks and responsibilities to team members with timelines
6. Get to know the motivations of your audience. Appeal to what their values are, what they are worried about, and what they want/need. For example when advocating to a politician, get to know their portfolio and past projects, as well as how the project you are proposing may benefit them from a political perspective. If you are appealing to a hospital administrator, consider hospital outcome measures such as wait times, patient outcomes and safety.
7. Evaluate the advocacy strategy; did you meet your objectives? Are there lessons learned that can be used to improve the next advocacy opportunity in the future?

## Part 2: BE CONVINCING!

1. Keep it brief! You will likely have limited time so have different versions of your pitch, one less than two minutes (elevator pitch), and another between 5-10 minutes if you have dedicated time to present.
2. Keep it simple! Use plain language about the role of OTs and how OTs can impact outcomes in suicide prevention, intervention and postvention.
3. Keep it interesting! Use powerful statistics, visuals, and relevant data to make your point. The more specific it can be to your community the more impact it will have on the audience. Use low-technology options, such as pamphlets, as well as high-technology options such as interactive videos depending on the audience.
4. Keep it realistic! Be clear about what you are asking from the audience, whether it be increased knowledge of the public, increased funding from a health program, a specific OT role on a health care team, etc. Make sure your request matches the audience and is realistic regarding the audience's ability to make the request happen.
5. Be flexible! A planned elevator pitch may turn into an opportunity to present, or via versa. Be knowledgeable about the material in order to think on your feet and adapt to the opportunity presented to you.
6. Expand your network of who you consider to be an influencer or decision maker. For example, many people think to meet with high level politicians, however, there are many other decision-makers and influencers who may be more accessible to you and may have more influence on their specific community/organization budget. This may include: the local mayor, a city councilor, a director of the Local Health Network (e.g. In Ontario LHINs determine the budget for each health district. Find out the equivalent organization in your province and appeal to the people who work in these positions), a director/ manager/ administrator at a hospital or health care agency. Also consider the value of seeing the general public as an influencer when they are mobilized in large numbers.

7. Be creative about getting the attention of the audience you are seeking out. This may include:

- Phoning or emailing directly to inform about an advocacy event happening or a proposal for a meeting
- Writing a letter to the target audience outlining why they should care about the advocacy event
- Attend local events with a similar cause to meet people who may be influencers or decision-makers
- Join forces with other organizations who also want to raise awareness for a similar cause and create an advocacy strategy together
- Attend and present at non-occupational therapy conferences to promote the profession of occupational therapy
- Use political meetings and events to your advantage (see number 3 for more details)
- Use social media as a tool to get the attention of your audience (see number 4 for more information)

8. Use social media to get the attention of the audience, which can include:

- Using Instagram to create educational content that can raise awareness of the current statistics and the issue of suicide in your community
- Use Facebook to network with community groups
- Use LinkedIn to connect with professionals and politicians directly
- Use Twitter to directly communicate to influencers and decision-makers (e.g. Tweet at them directly)
- Use “hashtags” to connect your message to other messages with a similar theme to increase the chances of being seen by others with the same hashtag
- Directly message influencers and decision-makers on social media platforms
- If an influencer or decision-maker posts something on social media respond in their comments section
- Tag other organizations that may be involved in similar advocacy work

9. Use political meetings and events to your advantage, which can include:

- Knowing the different levels of government in your province and what roles they play in healthcare decision-making. Meet with people from different levels of government including Ministers, Ministers of State, Parliamentary Secretaries, Members of the House of Commons, and the Senate
- Appear before House and Senate Standing Committees
- Prepare briefs for Standing Committees
- Participate in stakeholder engagement sessions to provide the occupational therapy perspectives
- Host “Lobby Day” receptions at the federal or provincial chapter level, to immerse political influencers in occupational therapy issues
- Manage opportunities directly or as a partner/contributor to a committee or coalition where the health care goals articulated will benefit the profession of occupational therapy

10. Leave behind resources: Have written materials to provide the audience to take home and reflect on after your presentation. This can include a pamphlet or even a business card with a link to social media accounts that have high-impact information and visuals. Use resources in this toolkit as take-home materials.

11. Follow up after the meeting: If you are able to speak to someone in a position of power it is effective to follow up with a letter thanking them for their time and summarizing key points. You can add this person to social media accounts and/or follow up consistently over email/calls/letters.

12. Be persistent! Advocacy takes time to move from building awareness to facilitating action. Utilize different strategies and build as many partnerships as possible along the way. And remember, that building awareness is the foundation of all advocacy and although that does not impact change immediately, it is the fundamental first step in making a difference.

13. Use the information provided in this toolkit to create the advocacy strategy that is best suited to your goals.

# Case Study

## Suicide Safety Initiative

Setting: Occupational Therapists working at a hospital identified an opportunity to advocate for the role of OTs in suicide prevention and intervention when The Ottawa Hospital Acute Psychiatry Program adopted the “Zero Suicide Model”.

The OTs then used the ADKAR model and The Advocacy Strategy Framework to determine their target audience and appropriate advocacy strategy. They determined they needed to advocate to clients to increase their knowledge of the OT role, they needed to advocate to psychiatrists who make the referrals for OTs in the acute care setting, and they needed to advocate to the Program Director who is invested in safety and policies.

Next, the OTs determined what information needed to be shared with each stakeholder. The OTs highlighted that suicidality is often connected to a disruption in one’s ability to engage in meaningful occupation and has a higher prevalence for those with unequal access to occupation opportunities (e.g. those living in poverty or with disability). OTs bring a unique contribution to suicide prevention. Using suicide safety planning, OTs educate and collaborate on strategies to help patients get back to doing what they need and want.

The OTs gathered relevant evidence and models to support their advocacy strategy, such as gathering current statistics about suicide in the specific community population, as well as referencing literature on the adult learning model. They developed power point presentations, had team meetings, gathered patient testimonials from clients who worked with OTs, and collected leave-behind resources for the stakeholders.

The OTs were clear on the objective of the advocacy campaign; that all patients with suicidal thoughts, plans or actions be referred to OT for safety planning on admission. The steps of the campaign were broken down with timelines, and tasks were delegated to team members. The OTs created a template of how a referral might work and a sample plan for a client. Mass communication was sent out to all the OTs working in acute care at the hospital.

Following the advocacy campaign, 6 months later the team conducted an evaluation of the strategy to determine if they met their objectives. They reflected on room for improvement and made plans to reassess the advocate initiative in 6 months.

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