

LETTERS

PHAC and a national suicide prevention strategy

A recent editorial calling for a national suicide prevention strategy,¹ recommended to “plan the broader infrastructure that is required to address properly what has become a national public health crisis.” The Quebec Network on Suicide, Mood Disorders and Related Disorders has proposed several actions based on the Public Health Agency of Canada’s (PHAC) engagement with surveillance infrastructures and mental health literacy.

First, other countries audit suicides to useful effect and Canada should follow suit.² An audit of all suicides in New Brunswick identified shortfalls in services in two-thirds of the cases examined, and lead to recommendations for improved population-based literacy efforts, better treatment of mental health and substance misuse and improved coordination of tertiary mental health and addiction services with emergency departments.³

Canada should link its mental disorders and its chronic disease surveillance systems to monitor changes in key quality indicators. This is feasible, as shown by the Welsh Public Health Agency, in collaboration with academic departments.⁴ The Canadian Chronic Disease Surveillance System run by PHAC has similar linked health administrative databases, with each province regularly providing aggregate data.

There should be formal assessment of the efficacy of existing mental health literacy programs in Canada to identify components to retain for a national mental health literacy program for all youth.

More evidence is needed to see if school-based mental health literacy programs are effective in reducing suicidality on a population level.^{5,6} Existing programs

across Canada should be evaluated and harmonized, tailored to their target communities, and adapted to include components that can address the specific needs of Aboriginal communities.

We agree that a national suicide prevention strategy be undertaken by PHAC. This includes building on the successes of previous initiatives to provide the most robust, evidence-based response to this critical public health issue.

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